



SECTION I: REOUESTOR'S INFORMATION

First Name M.I. Last Name

Affiliate Type: Faculty Staff

Building Room # Extension

Office Hours:

SECTION II: SERVICE INFORMATION

Service Type:	Standard Service Description	
Telephone	Telephone	Cable
Cable	No dial tone	No Signal
Long Distance (Employee Only)	Noise/static	Fuzzy Signal
	Damaged phone (Offices Only)	Damaged jack
Service Action	Shortage	No jack
Add	Damaged jack	
Repair	No jack	Long Distance (Employee Only)
Change Programming		Prepaid Calling Card
	Expiration Date _____	Long Distance Code

SECTION III: DEPARTMENTAL APPROVAL

*Due to cost association, the following services must be approved by V.P. of Finance prior to processing your request: adding telephone or cable lines, receiving a long distance prepaid calling card or code, replacing damaged jacks. The associated cost will be billed to the requestor's department budget.

Department Head/Supervisor _____ Date _____

SECTION IV: INFORMATION TECHNOLOGY USE ONLY

Rec'd Date _____ IT Staff _____

Assigned to: IT Department Vendor: _____ Date/Time _____

Cost Associated Yes No

Status Complete (Date _____) Pending (Reason _____)

SECTION V: BUSINESS OFFICE USE ONLY

Rec'd Date _____

Order Status: Approve Disapprove (Reason _____)

V.P. of Finance _____ Date _____