

TELEPHONE SERVICE REQUEST

Date

CUSTOMER INFORMATION

Person Placing Order: Name

Email

School/Department

Telephone No.

Service Location:

Service For

Building

Room

Address

Service Provider

Account No./Budget No.

Billing No.

Desired Service:

New Telephone Service:

- Direct Line
- Extension Only
- PBX capacity available
- Fax Line
- Long Distance
- Capability exist for long distance
- Voice Mail Caller ID
- Wiring required
- Other

Change Telephone Service

- Extension/Telephone Number
- Designated User
- Change Long Distance Code
- Disconnect Service
- Other

Telephone Problem: Describe the problem and state any action taken to correct problem or explain need for the above requested services:

EMERGENCY: Call service provider and email Tom Waters (copy Sharon Sharp) with details. Discuss all service/repair quotations with Tom Waters in excess of **\$200.00**.

Principal/Director Approval:

Date:

This Section for Business Operations and Purchasing

_____ Contact with Provider _____ Notified Customer _____ Completion Date
_____ Charges