

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