



# Departmental Request for Voice & Data Service

CSO # \_\_\_\_\_

Office of Telecommunications  
The Tech Center  
3<sup>rd</sup> floor (286-05)  
Fax: 1-7811  
Questions? Contact us at 1-8655

## REQUESTING DEPARTMENT INFORMATION

Date of Request:	Fund/Org/Program: _____ - _____ - _____
Onsite Contact Name:	Department:
Extension:	Budget Unit Head Signature:
Fax:	Contact Email:

ACTION	SERVICES TYPE #	TELEPHONE COS	SERVICE FOR:
<input type="checkbox"/> ADD new service <input type="checkbox"/> MOVE existing Service <input type="checkbox"/> CHANGE existing Service <input type="checkbox"/> DISCONNECT	<b>TELEPHONE</b> <input type="checkbox"/> Analog/Single Line Phone _____ <input type="checkbox"/> Digital/Multi-Line Phone _____ <input type="checkbox"/> Fax Line _____ <input type="checkbox"/> Conference Room Phone _____ <b>DATA</b> <input type="checkbox"/> 10 Mbps _____ <input type="checkbox"/> 100 Mbps _____ <input type="checkbox"/> 1000 Mbps (1Gig) _____ <input type="checkbox"/> Wireless _____	<b>CALLING AREA</b> Campus Only <input type="checkbox"/> Phila Only <input type="checkbox"/> Phila & Suburbs <input type="checkbox"/> US Continental <input type="checkbox"/> International Dial <input type="checkbox"/> <b>FEATURES</b> Call Forwarding <input type="checkbox"/> Call Waiting <input type="checkbox"/>	<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER

SITE INFO <i>(location of service request)</i>						
Building	Phone Service # <i>(#*113)</i>	Voice Port # <i>(#*119)</i>	Data MAC Address	Room #	Floor	Jack #

## DESCRIPTION OF WORK REQUEST

## FORM COMPLETION INSTRUCTIONS

- Please complete all requested items above. Incomplete orders will be returned to your department delaying the completion of your request. The form MUST be signed by the budget unit head and/or the employee who has authorization status with Telecommunications. Send the completed form via inter-office mail to the address above or fax it to x17811.
- Plan for a 15 business day working period for your order to be completed.** We make every effort to complete customer service orders as soon as possible, but given the heavy workload processed by the Office of Telecommunications, 15 days is a normal turn-around time.
- For new service, please indicate for each telephone the type of service required (single line or multi-line), the features desired on the telephone and the location (building and room number).
- For changes to the features of an existing telephone, please indicate the extension and features you wish removed and/or added.
- For the relocation of an existing telephone, please indicate its **current extension (dial #\*113)** and **port number (dial #\*119 for the port number)**, its current and requested location (both building and room number) and its type of service (single or multi-line.)
- To order miscellaneous equipment, simply state your requirements.

\*\*\* If you have any questions or problems completing this form or if any problems arise, contact the Office of Telecommunications at x18655\*\*\*