

# **BPH: TELEPHONE REQUEST FORM**

**This Form Is To Be Completed By A Supervisor**

Division/Group \_\_\_\_\_

Date \_\_\_\_\_

Employee's Name(s) \_\_\_\_\_

Phone (if *not* new) \_\_\_\_\_


Email Address \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE FILL THIS FORM OUT COMPLETELY -Do NOT use this form for REPAIR request--Call IS&T @ 4-9000 for repair service**

**TELEPHONES**  Please use one page per request (indicate # of pages at bottom of page), multiple pages may be stapled

New Employee will assume existing telephone number. That number is:

**REQUEST FOR NEW OR CHANGE IN SERVICE:**    New Service    Change Service    Disconnect    **Other\***

\* Location of/for telephone

Room # \_\_\_\_\_

Building \_\_\_\_\_

Phone # \_\_\_\_\_

\* Move existing Phone Line

from

to

Number \_\_\_\_\_

Room # \_\_\_\_\_

Building \_\_\_\_\_

Room # \_\_\_\_\_

Building \_\_\_\_\_

\* Telephone Instrument Needed (delivery will be charged):    **YES (attach info or print-out from IS&T Website)**    **NO**

\* Type of Phone line & Features to be added (check appropriate/desired box):

Standard/Analog Line (less expensive):

Single Line

Multiple Lines

(please indicate # of lines)

add'l numbers to appear on phone: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

w/ speaker

other: \_\_\_\_\_

**OR**-----

Electronic Line (voicemail indicator light):

Single Line

Multiple Lines

(please indicate # of lines)

add'l numbers to appear on phone: \_\_\_\_\_ ; \_\_\_\_\_ ; \_\_\_\_\_

w/ speaker

other: \_\_\_\_\_

**Required (please check boxes below)** -----

\* **Voicemail:**    Basic (30 messages)    Enhanced (60 messages)    **NONE**

\* **Caller ID:** (analog only – std w/ electronic lines)    **NO**    **Yes**  
(Your phone/instrument must have a display for this feature or you can order an ID box – extra monthly charges apply)

\* **ReadyTalk:**    **YES**    **NO** – (also) number of ReadyTalk accounts    International:    **YES**    **NO**

Special/**Other\*** Instructions:

**The following MUST be completed by the FINANCIAL or DIVISION/UNIT MANAGER**

Department ID:    COREC    CPACA    CQADM

Telephone/Installation charges billed to:

Project Title/Chart String (Chart String Only)

Monthly Rates should be billed to:

Project Title/Chart String (Chart String Only)

Financial Account Manager Signature Required: \_\_\_\_\_

Signature

Date

Email Address: \_\_\_\_\_

Phone

**For FMU use only:** Requisition # \_\_\_\_\_

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**\*\*\*PLEASE FORWARD COMPLETED FORM TO 50 UNIVERSITY HALL\*\*\***

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