SIUE ITS Networking & Infrastructure Management Service Requisition Form

(Formerly titled: SIUE Telecom Service Requisition Form)

Date:

Department Name/Account Title:

AIS/Budget Purpose Number to be billed:

Requesting Services From: ITS Networking & Infrastructure Mgmt. **FAX TO #3333** - Call #3373 to verify it was received.

Location of service(s) being requested:

(Campus/Building/Room#/Phone#, Datajack ID, Other Location Info)

Requested Due Date: (Please allow a **minimum of ten to fifteen working days**):

For Additional Information Contact:

(First & last name, phone number & Email address)

Service(s) to be provided: **Please attach drawings for any areas where new data/phone jacks will be needed – see the SIUE Facilities website for current building floor plans at: http://www.siue.edu/FACILITIES/campmap/maps_Ed.htm**

I CERTIFY THAT THERE IS AN UNOBLIGATED BALANCE AVAILABLE IN THE ACCOUNT INDICATED FOR THE SERVICES REQUESTED.

X   X

FISCAL OFFICER'S SIGNATURE   **DATE**