

Southern Illinois University at Edwardsville Telecommunications Service Requisition

Date:

Department Name/Account Title:

AIS/Budget Purpose Number to be billed:

Requesting Services From:

Telecommunications, campus box 1068, FAX TO 3333

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:

(Please provide contact person's first & last name, phone number & Email address)

Service(s) to be provided: Please attach drawings/blueprints if requesting new services,
or if you are moving an existing service to a location where no jacks exist.

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

X

X

FISCAL OFFICER'S SIGNATURE

DATE