

East Tennessee State University
Telecommunications Requisition
P.O. Box 70728 • Telephone: (423) 439-4648 • Fax: (423) 439-5770

Department of: _____ Date _____

P.O. Box _____

Account No.	Object	Amount	Approved:	Department Head	Date
			Approved:		
			Approved:	Dean/Director	Date
			Approved:	Vice President	Date

CONTACT PERSON _____
CONTACT NUMBER _____
CONTACT LOCATION _____

Any increase in cost requires signature authorization of Budget Office.
Approved: _____ Date _____
Director, Budget & Finance

ADD <input type="checkbox"/>	Name of person to be assigned phone #: _____ Phone number changes are the responsibility of the individual to report to Human Resources.	Monthly Unit Cost	One-Time Installation Cost
LOCATION: BUILDING: _____ ROOM: _____ DATE TO BE INSTALLED: _____ CALL PICKUP GROUP: _____ (WITH EXTENSION #)	CALL FORWARD, BUSY TO: _____ CALL FORWARD, NO ANSWER TO: _____		
MOVE <input type="checkbox"/> Telephone	EXTENSION NO: _____ MOVE FROM: BUILDING _____ ROOM: _____ MOVE TO: BUILDING _____ ROOM: _____		
OTHER <input type="checkbox"/>	DESCRIPTION OF WORK TO BE DONE: _____ _____ _____		

Total: \$ _____ \$ _____
\$ _____ per month x _____ # months left in Fiscal year = \$ _____
Plus Total Installation Cost: \$ _____

TOTAL COSTS THROUGH REMAINING FISCAL YEAR: \$ _____

FOR TELECOMMUNICATIONS USE ONLY: DATE DUE: _____
WEEK OF _____
EXT NO. _____ CABLE PAIR _____ WORK ORDER NO. _____
TN NO. _____ DATE/TIME COMPLETED _____ a.m./p.m. INITIAL _____
H.C. _____ JACK NO. _____
PHONE MODEL _____ MAC ADDRESS _____
REMARKS: _____

CUSTOMER SIGNATURE _____ DATE: _____