

VOICE LINE AND TELEPHONE INSTRUMENT SERVICE REQUEST

THE UNIVERSITY OF TEXAS AT AUSTIN, INFORMATION TECHNOLOGY SERVICES (ITS)

Mail completed form to ITS Business Office, SER 321, C3800 or Fax to (512) 471-8883

DEPARTMENT _____ DEPT REQ. NO. _____ DATE _____

REQUESTER NAME _____ E-MAIL _____ PHONE _____

CONTACT NAME _____ PHONE _____

CONTACT E-MAIL _____ BLDG/ROOM _____

| INSTALLATION CHARGES | |
|----------------------------|--|
| ACCOUNT _____ | |
| AUTHORIZED SIGNATURE _____ | |
| NAME _____ | |

| RECURRING CHARGES | |
|----------------------------|--|
| ACCOUNT _____ | |
| AUTHORIZED SIGNATURE _____ | |
| NAME _____ | |

1. Use this form for voice lines (e.g., telephone, fax, modem) and telephone instruments. Please fill out this form as completely as possible. Include all available information that applies to the description of the work. Incomplete information may result in a delay.
2. Once all information is provided, you will receive a confirmation copy in campus mail in approximately 7 working days. A name and a phone number for you to call to schedule installation will appear on the confirmation copy. The ITS Business Office cannot provide scheduling information.
3. If additional items are needed, please attach "Voice Line and Telephone Instrument Service Request, Additional Items" page(s). Extra material may be attached if necessary.
4. Call the ITS Business Office at (512) 471-5800 if you have any questions about this order form.

DEPARTMENT USE ONLY

| | | | | |
|---|--|---|-------------------------------|--|
| Item 1 | NEW SERVICE: YES <input type="checkbox"/> NO <input type="checkbox"/> | TYPE OF SERVICE: DISCONNECT* <input type="checkbox"/> INSTALL <input type="checkbox"/> MOVE** <input type="checkbox"/> OTHER <input type="checkbox"/> | | |
| EXISTING PHONE NUMBER _____ | BLDG _____ | ROOM _____ | JACK NUMBER _____ | |
| DESKSET TYPE/NO. _____ | COLOR: ASH <input type="checkbox"/> BLACK <input type="checkbox"/> | INTERCOM NUMBER _____ | | |
| HEADSET MODEL/NO. _____ | ADAPTER YES <input type="checkbox"/> NO <input type="checkbox"/> | POWER SUPPLY YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Is VOICE MAIL requested? YES <input type="checkbox"/> NO <input type="checkbox"/> | (If yes, please order at www.utexas.edu/its/smartvoice after you receive the new phone no.) | | | |
| *For DISCONNECTS, is this a: | TOTAL DISCONNECT <input type="checkbox"/> | or (select all that apply): | LINE <input type="checkbox"/> | EQUIPMENT <input type="checkbox"/> VOICE MAIL <input type="checkbox"/> |
| **MOVE: FROM: | BUILDING _____ | ROOM _____ | JACK NUMBER _____ | |
| TO: | BUILDING _____ | ROOM _____ | JACK NUMBER _____ | |
| Remarks: | | | | |

| | | | | |
|---|--|---|-------------------------------|--|
| Item 2 | NEW SERVICE: YES <input type="checkbox"/> NO <input type="checkbox"/> | TYPE OF SERVICE: DISCONNECT* <input type="checkbox"/> INSTALL <input type="checkbox"/> MOVE** <input type="checkbox"/> OTHER <input type="checkbox"/> | | |
| EXISTING PHONE NUMBER _____ | BLDG _____ | ROOM _____ | JACK NUMBER _____ | |
| DESKSET TYPE/NO. _____ | COLOR: ASH <input type="checkbox"/> BLACK <input type="checkbox"/> | INTERCOM NUMBER _____ | | |
| HEADSET MODEL/NO. _____ | ADAPTER YES <input type="checkbox"/> NO <input type="checkbox"/> | POWER SUPPLY YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Is VOICE MAIL requested? YES <input type="checkbox"/> NO <input type="checkbox"/> | (If yes, please order at www.utexas.edu/its/smartvoice after you receive the new phone no.) | | | |
| *For DISCONNECTS, is this a: | TOTAL DISCONNECT <input type="checkbox"/> | or (select all that apply): | LINE <input type="checkbox"/> | EQUIPMENT <input type="checkbox"/> VOICE MAIL <input type="checkbox"/> |
| **MOVE: FROM: | BUILDING _____ | ROOM _____ | JACK NUMBER _____ | |
| TO: | BUILDING _____ | ROOM _____ | JACK NUMBER _____ | |
| Remarks: | | | | |