

# NORTH CAROLINA A & T STATE UNIVERSITY

## Telephone Service Request

Complete and submit to the Telecommunications Office, Bluford Library – Fax 256-1327

**\*PLEASE FILL OUT COMPLETELY\***

Fund: \_\_\_\_\_ Date of Request: \_\_\_\_\_  
Org: \_\_\_\_\_ Building: \_\_\_\_\_  
Acct: \_\_\_\_\_ Dept.: \_\_\_\_\_  
Program: \_\_\_\_\_ Room No.: \_\_\_\_\_  
Location: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Contact Person's Signature: \_\_\_\_\_

Dean/Adm.Head Signature: \_\_\_\_\_

### REQUEST INFORMATION

CONTACT PERSON: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

FAX: \_\_\_\_\_

TYPE OF SET: \_\_\_\_\_

P.O. NUMBER: (if applicable) \_\_\_\_\_

**DESCRIPTION OF WORK TO BE DONE:** (Please include local ext.'s, room #'s, and names)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### APPROVALS

\_\_\_\_\_  
AVCBF/Business Manager/Date

\_\_\_\_\_  
Contracts & Grants/Date

\_\_\_\_\_  
Budget Office/Date Total

#### TELECOMMUNICATIONS USE ONLY

Telephone Work Order No. \_\_\_\_\_

Projected Cost (on-time) \_\_\_\_\_

Monthly Increase \_\_\_\_\_

Monthly Decrease \_\_\_\_\_

Bellsouth \_\_\_\_\_

Projected Cost Thru End of FY \_\_\_\_\_

Form 658 TS (Rev. 7/06)