

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 _____