

UNIVERSITY OF HAWAI'I
TELECOMMUNICATIONS REQUEST
CAMPUS ITEMS

DEPT. REF. NO.

(FOR TELECOMMUNICATIONS USE)

TR NO. _____

REQUESTER

NAME _____

DEPARTMENT _____ TELEPHONE _____

CONTACT PERSON (Individual responsible for coordinating access)

NAME _____

LOCATION _____ TELEPHONE _____

BILLING ADDRESS

REQUEST FOR: (Check only one - TELEPHONE SERVICES, DATA SERVICES, OTHER SERVICES, OR EQUIPMENT PURCHASES)

TELEPHONE SERVICES

DATA SERVICES

(Include computer type in description of service)

OTHER SERVICES

LINE # or CIRCUIT #	JACK # &/or STATION	PHONE TYPE	BLDG/FL/RM	DESCRIPTION OF SERVICE	EST. COST OF SERVICE	
					ONE-TIME	RECURRING

EQUIPMENT PURCHASES (Attach quotations, proposals, diagrams or brochures)

DESCRIPTION OF EQUIPMENT:

BRAND/MODEL NO: _____ ESTIMATED COST: ONE-TIME \$ _____
 VENDOR _____ RECURRING \$ _____ PER _____

JUSTIFICATION

APPROVAL (Please type name and sign for all requests)

DEPARTMENT AUTHORIZATION _____ TEL# _____ DATE _____

FISCAL OFFICER _____ TEL# _____ DATE _____

ACCOUNT CODE TO BE CHARGED (EVEN IF NO COST) _____ CAMPUS CODE _____

TELECOM COORDINATOR _____ TEL# _____ DATE _____

FOR UH TELECOMMUNICATIONS USE

Training Required _____ Coordinator _____ Account Code _____ Unit Code _____

REVIEWED BY _____ DATE _____ APPROVED BY _____ DATE _____