

(FOR TELECOMMUNICATIONS USE)

TR NO.

BILLING ADDRESS

DEPARTMENT _____ TELEPHONE _____

[illegible]

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

RECURRING \$	PER
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TELECOMMUNICATIONS REQUEST

CAMPUS ITEMS

UHTR Form 1A (Rev. 9/96)

Required for:

- All telephone, data and other telecommunications services except for those items listed under UHTR Form 1B requiring Department of Budget & Finance approval.
- Telecommunications equipment purchases as listed in the most current Administrative Procedures Manual.

ALL SECTIONS MUST BE COMPLETED.

If the form is incomplete (including attachment of Telecommunications Management System Directory [UHT Form 2 (Rev. 9/96)] for new installs and activation of jacks on the Manoa campus only) or incorrectly filled out, it will be returned to the requesting unit. Submit an original to the Campus Telecommunications Coordinator (CTC). A copy will be sent back to the requesting unit with an assigned TR number when it is approved and/or completed.

DEPT. REF. NO.: For the requesting department's use.

TR NO.: To be assigned by the CTC.

REQUESTER: Provide complete information for each item.

CONTACT PERSON: Provide specific and reliable information for each item.

BILLING ADDRESS: Provide correct address information for billing.

REQUEST FOR: (Check only one - TELEPHONE SERVICES, DATA SERVICES, OTHER SERVICES or EQUIPMENT PURCHASES and provide complete information.)

TELEPHONE SERVICES

Note: The first four entries should reflect what is existing and the changes or additions must be specified in the Description of Service.

Line# or Circuit#: Telephone or circuit number to be worked on. Type New if new line is being requested.

Jack# &/or Station#: Number of the jack which the telephone is plugged into. Provide station number if no jack number is available.

Phone Type: Indicate U11, U111, 2008, 2009, 2018, 2112, 2616, 2317, LO (line only) or whatever other brand, make and model.

Bldg/F1/Rm: Building name, floor & room number where line or circuit is presently located.

Description of Service: Describe services required.

Est. Cost of Service: Fill in estimated cost of service.

DATA SERVICES

Line# or Circuit#: Circuit number to be worked on. Type New if new circuit is being requested.

Jack# &/or Station#: Provide jack number to be worked on.

Phone Type: Not applicable; leave blank.

Bldg/F1/Rm: Building name, floor & room number where jack is presently located.

Description of Service: Describe services required including type of computer being used.

Est. Cost of Service: Fill in estimated cost of services.

OTHER SERVICES

Line# or Circuit#: Not applicable; leave blank

Jack# &/or Station#: Not applicable; leave blank

Phone Type: Not applicable; leave blank.

Bldg/F1/Rm: Building name, floor, room number where service is required.

Description of Service: Describe services required.

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

Description of Equipment: Provide description of equipment being purchased.

Brand/Model No.: Provide brand/model no. of equipment being purchased.

Vendor: Provide name of vendor from whom equipment will be purchased.

Estimated Cost: Fill in estimated cost of equipment being purchased.

JUSTIFICATION: Proper justification is required for all requests.

APPROVAL (Please type name and sign for all requests):

Departmental authorization: Typed name and signature of departmental authorization (Dean/Principal Investigator/Department Chairperson, etc.).

Fiscal Officer: Typed name and signature of responsible fiscal officer.

Account Code to be Charged: Provide account code to be charged for service installation request.

Campus Code: Provide 2-letter campus code.

Telecommunications Coordinator:

Manoa campus only - typed name and signature of Department Telecommunications Coordinator (DTC).

All other campuses - typed name and signature of CTC.

FOR TELECOMMUNICATIONS USE

This section is to be used by UH Telecommunications only.