Print and submit completed and approved form to the UH Telecommunications office. Thank You.

UNIVERSITY OF HAWAII
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 _____