

UNIVERSITY OF HAWAII TELECOMMUNICATIONS REQUEST CAMPUS ITEMS	DEPT. REF. NO.	(FOR TELECOMMUNICATIONS USE) TR NO. _____
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REQUESTER NAME _____ DEPARTMENT _____ TELEPHONE _____ CONTACT PERSON (Individual responsible for coordinating access) NAME _____ LOCATION _____ TELEPHONE _____	BILLING ADDRESS _____ _____ _____ _____
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REQUEST FOR: (Check only one - TELEPHONE SERVICES, DATA SERVICES, OTHER SERVICES or EQUIPMENT PURCHASES)

- TELEPHONE SERVICES**

 DATA SERVICES

 OTHER SERVICES
 (Include computer type in description of service)

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 _____