

THE UNIVERSITY OF TEXAS MEDICAL BRANCH
GALVESTON, TEXAS
INFORMATION SERVICES-VOICE OPERATIONS
TELECOMMUNICATIONS SERVICES REQUEST
(Please allow two weeks minimum from date of receipt in Voice Operations.)

Upon receipt of this form, Voice Operations will provide a Cost Estimate which requires an account number and authorized signature.

Department:	Date of Request:
Person Requesting Service:	Date Service Required:
Room Number:	Building No.:
Mail Route:	Fax No.:
Contact Person:	Telephone No.:
Alternate Contact:	Telephone No.:

<input type="checkbox"/> TELEPHONE	<input type="checkbox"/> DATA
<input type="checkbox"/> NEW SERVICE: <input type="checkbox"/> D-Term <input type="checkbox"/> Single Line <input type="checkbox"/> Analog <input type="checkbox"/> Cable Pull <input type="checkbox"/> Other <input type="checkbox"/> CHANGE EXISTING SERVICE: <input type="checkbox"/> Relocate <input type="checkbox"/> Other <input type="checkbox"/> DELETE SERVICE (If Other explain below)	<input type="checkbox"/> NEW SERVICE: <input type="checkbox"/> Ethernet <input type="checkbox"/> Async <input type="checkbox"/> Other <input type="checkbox"/> Cable Pull <input type="checkbox"/> CHANGE EXISTING SERVICE: <input type="checkbox"/> Relocate <input type="checkbox"/> Other <input type="checkbox"/> DELETE SERVICE (If Other explain below)
(Include scope of work, type of service, room number, and jack number.)	(Include scope of work, type of service, room number, and jack number.)

Request for Repair Service Call Information Services Help Desk at 25200

PeopleSoft Chartfield to be Charged:

BUS UNIT (5) – FUND (3) – SUB FUND (5) – DEPT (6) – CLASS (5) – PROG (3) – PROJ (3) – PROD (6) – AFFILIATE (5) – PROJ BUS UNIT (5) – ACTIVITY ID (15) – BUDGET REF (8)

OTC	
Monthly	

TV

<input type="checkbox"/> NEW SERVICE: <input type="checkbox"/> Cable Pull <input type="checkbox"/> Activation <input type="checkbox"/> CHANGE EXISTING SERVICE: <input type="checkbox"/> Relocate <input type="checkbox"/> Other <input type="checkbox"/> DELETE SERVICE (If Other explain below)	(Include scope of work, building number, and room number.)
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VOICE MAIL: Ext. No. for Voice Mail Box:

Name of Person Using Mail Box:	Last Name:	First Name:
Options:	One Time Charge	Monthly Charge
<input type="checkbox"/> 24 Hr Box	\$27.04	\$ 8.65
<input type="checkbox"/> 48 Hr Box	\$27.04	\$10.28
<input type="checkbox"/> 72 Hr Box	\$27.04	\$11.90
Options:	One Time Charge	Monthly Charge
<input type="checkbox"/> Voice Mail Paging	\$10.82	\$3.24
<input type="checkbox"/> Greeting Only	\$27.04	\$5.41
<input type="checkbox"/> Conditional Greeting	\$ 3.24	\$1.08

“0” ATTENDANT EXTENSION NUMBER MANDATORY. EXTENSION NO.:

TELEPHONE TRAINING: Instrument Class Dept. Training Dept. Inservice Voice Mail

Communication Services Use Only	Project No.:	Data No.:	Scheduled Date:
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Please fill out and return to:
Voice Operations Route 1040 or Fax to 79000
Questions concerning this process call TDS directly or Coordinator at extension 25781