

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.) |
|---|--|

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: |
|---------------------------------|--------------|-----------|-----------------|

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