

Data Network/Cable TV Request

Section I - Requestor Information

Name _____ Department _____ Date: _____
 Building _____ Room Number _____
 Telephone _____ E-Mail _____

Section II - Network Information

Type of Request: (Check all that apply) Data Cable TV
 Activation Installation Date Needed By: _____

Building: _____ Room # _____

Funding Source: (SAP cost center) _____

(For projects completed in-house only)

Description: _____
 (Please attach additional information if needed)

Justification: _____
 (Please attach additional information if needed)

Section III - Department Approval for Estimate

Approval of the Department Chair/Head is required for Information Technology Services to complete the estimate.

Approved: _____
 Department Chair/Head Date

Section IV - Information Technology Services Estimate

Estimated Cost: \$ _____ Date of Estimate: _____

Estimate Prepared by: _____ Estimate approved by: _____

Work to be completed by: _____

Section V - Approval Information

Signatures below allow Information Technology Services to (a) complete the work in-house and charge the cost of materials to the SAP Cost Center listed above or (b) contract for the work with the vendor listed above and send the vendor invoice to the department for payment.

 Information Technology Services Date Individual Responsible for Funding Account Date

 Department Chair/Head Date