UNIVERSITY OF MIAMI

DR#:

TELECOMMUNICATIONS SERVICE REQUISITION

REQUESTING COST CENTER *Previously Department	CONTACT PERSON / ALTERNATE CONTACT
WORK LOCATION (Bldg., Room #, Locator Code)	CONTACT NUMBER / ALTERNATE NUMBER
RECURRING DRIVER WORK TAG *Previously Account # (Program, Gift, Grant, Project)	CONTACT PERSON'S EMAIL ADDRESS
INSTALLATION DRIVER WORK TAG (IF DIFFERENT)	

Request for: ☐ **Work Order** ☐ **Estimate Only**

Rush Order: ☐ **No** ☐ **Yes** **Note: 25% cost increase for rush order*

REQUEST FOR: ☐ **VOICE SERVICES** ☐ **WIRING OR OTHER DATA SERVICES** ☐ **CENTRAL SERVER** ☐ **OTHER**

☐ **Add** ☐ **Disconnect**

# of Telephone Lines: ____ Voice Mailboxes: ____ FAX/Analog: ____

# of Telephone Sets: ____ Type, if known: _____

Disconnect referral required: ☐ No ☐ Yes to # _____ for ____ months

→→→→→→→→→→ provide supporting details for any requests above in the description area below ←←←←←←←←←←

☐ Request for Long Distance PSC Code: Name _____ C# _____

☐ Request Change in Driver Work Tag from # _____ to Account # _____

PLEASE PROVIDE A DETAILED DESCRIPTION OF WORK TO BE PERFORMED:

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Authorized Signature (Required) Budget Approval (Cost Center Mgr.) Required Date

ORDERS RECEIVED AFTER 2:00 P.M. WILL BE PROCESSED THE NEXT BUSINESS DAY

For reference, please utilize the FRS/FDM Conversion Tool: http://workday-finance.it.miami.edu/resources/frs-to-fdm

For assistance completing this form, please call the UMIT Service Desk at: (305) 284-6565

You may fax completed form to: (305) 284-5809 or email it to: help@miami.edu

An online copy of this form can be found at: http://it.miami.edu/wda/it/IT_ILS/pdf_Form/TSR.pdf

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