



### Telecommunications & Networking Services Request Form

Work Order:

Requestor: _____	Phone Number: _____	E-Mail: _____
Person to contact to coordinate/schedule the Service Request		
Requestor Address: _____	Fax: _____	
Technical/Work Contact: _____	Phone Number: _____	E-Mail: _____
On-Site contact to coordinate the Service Request		
Billing Contact: _____	Phone Number: _____	E-Mail: _____

#### TYPE OF SERVICE REQUESTED:

Cable Television Service	Firewall Service	LAN Services – Wired	For assistance call (814) 865-1696	
Voice System Services (Designs, Telephones, Voice Mail, ACD)		Videoconferencing Room Design		
Integrated Backbone (Connections, Redundancy, Enterprise)		Point to Point Circuits		
Cable/Wiring Service	Satellite Downlink	LAN Services - Wireless	For assistance call (814) 865-6580	
Satellite Uplink	Videoconferencing User Services		For assistance call (814) 865-1036	
Toll Free Service (ReadyLine, MegaCom)	PSU Travel Card	PSU Corporate Card	Authorization Code	For assistance call (814) 865-2370

Please provide a brief description of the service requested (or attach a memo):

  
  
  
  
  

Requested Completion Date: \_\_\_\_\_ TNS Service Management Contact: \_\_\_\_\_

If a Service Inquiry was submitted and a Service Number received please include: \_\_\_\_\_

Location for Service Installation:  
 Campus: \_\_\_\_\_  
 Building Name: \_\_\_\_\_ Building Number: \_\_\_\_\_ Floor: \_\_\_\_\_ Room: \_\_\_\_\_

#### APPROVAL:

Estimated One-Time Cost: _____	Estimated Monthly: _____
Amendments to Increase Cost Permitted?    Yes    No	
Budget for One-Time Charges: _____	_____
Budget	Fund
Budget for Monthly Charges: _____	_____
Budget	Fund
Budget for Usage Charges: _____	_____
Budget	Fund
Approval: _____	_____
Budget Executive/Budget Administrator/Director of Business Services/Budget Assistant	Date
Approval: _____	_____
Financial Officer/Financial Assistant	Date