Moves/Changes – Voice

Work Order #: ______________________ Work Req #: __________________________________ Date: ______________(mm/dd/yyyy)

Department: ________________________ Contact: _____________________________________ Contact Ext #: __________(or Tel#)

Extension to be billed: ______________ Fiscal #: _____________________________________ Approval: _______________(ASM)

Ext #	Name	Current Bldg #	Current Room #	New Bldg #	New Room #	New Jack #	Type of Phone	VM = Voice Mail HG = Hunt Group PG = Pick Up Group CD = Call Diversion Other Instructions (Note any change below - existing features move with line)

Moves/Changes – Data

Work Order #: _____ Work Req #: _____ Date: _____ (mm/dd/yyyy)

Department: _____ Contact: _____ Contact Ext #: _____ (or Tel#)

Extension to be billed: _____ Fiscal #: _____ Approval: _____ (ASM)

Ext #	Name	Current Bldg #	Current Room #	New Bldg #	New Room #	New Outlet #	New Data Jack #	Type of Circuit	Other Instructions

Additions – Voice

Work Order #: ______________________ Work Req #: ______________________ Date: ______________ (mm/dd/yyyy)

Department: ______________________ Contact: ______________________ Contact Ext #: ______________ (or Tel#)

Extension to be billed: ______________________ Fiscal #: ______________________ Approval: ______________ (ASM)

Telecom Use Only Ext #	Name	Bldg #	Room #	Jack #	Type of Phone	(Class of Service) Outbound Access	DID or NonDID	Other Instructions VM = Voice Mail HG = Hunt Group PG = Pick Up Group CD = Call Diversion

Additions – Data

Work Order #: _____ Work Req #: _____ Date: _____ (mm/dd/yyyy)

Department: _____ Contact: _____ Contact Ext #: _____ (or Tel#)

Extension to be billed: _____ Fiscal #: _____ Approval: _____ (ASM)

Ext #	Name	Bldg #	Room #	Outlet #	Data Jack #	Type of Circuit	Other Instructions

Disconnects – Voice

Work Order #: _____ Work Req #: _____ Date: _____ (mm/dd/yyyy)

Department: _____ Contact: _____ Contact Ext #: _____ (or Tel#)

Extension to be billed: _____ Fiscal #: _____ Approval: _____ (ASM)

Ext #	Name	Bldg #	Room #	Type of Phone	Data Device Y/N	Voice Mail Y/N	Reserve Number?	Other Instructions

Disconnects – Data

Work Order #: _____ Work Req #: _____ Date: _____ (mm/dd/yyyy)

Department: _____ Contact: _____ Contact Ext #: _____ (or Tel#)

Extension to be billed: _____ Fiscal #: _____ Approval: _____ (ASM)

Ext #	Name	Bldg #	Room #	Type of Data Instrument	Other Instructions