



WORK ORDER

INSTRUCTIONS: Use this form to order new installations or changes to existing telephone service. Please allow sufficient time for us to meet your required service date (item 3). Our service objectives are:

1 - 3 Lines _____ 3 business days from receipt of work order
 4 - 10 Lines _____ 5 business days from receipt of work order
 Over 10 Lines _____ as determined by site survey

For assistance in completing this form, please call Telecommunications Service, Repair, and Training at 325-2214. Return the completed form to Telecommunications, 10 Lee Hall, Mail Stop 9507 or fax to 325-0694.

1. DEPARTMENT NAME _____

2. DESCRIPTION OF WORK TO BE PERFORMED (INCLUDE LOCATION):

3. REQUIRED SERVICE DATE _____

4. MAIN BILLING NUMBER: _____

5. LOCAL CONTACT:

NAME _____

PHONE NUMBER: _____

6. DOES THIS REQUIRE A CHANGE IN TELEPHONE LISTINGS IN THE CAMPUS DIRECTORY?

YES NO

7. AUTHORIZATION:

Department Head *Date*

Dean or Director *Date*

TELECOMMUNICATIONS USE	
MSU Authorization Number	_____
SCB Contact	_____
Work Order Number	_____
Commitment Date	_____
Completion Date	_____