Capitol Complex/Remote Site - Service Order Request Form | 2014

ITS
Mississippi Department of Information Technology Services

3771 Eastwood Drive | Jackson, Mississippi 39211-6381

FAX 601-432-8100
EMAIL telecomrequest@its.ms.gov

AUTHORIZED AGENCY/TELECOM COORDINATOR & SITE CONTACT

AGENCY NAME:		TODAY'S DATE:	

Service requests are only accepted from authorized agency Telecom Contacts.

TELECOM CONTACT NAME:	ON-SITE CONTACT NAME: *Complete if the On-site contact person is someone other than the authorized Telecom Contact.*
TELECOM CONTACT PHONE #:	ON-SITE CONTACT PHONE #:
TELECOM CONTACT EMAIL:	ON-SITE CONTACT BUILDING: ROOM #:

SERVICE ORDER REQUEST

EXISTING # REQUESTING WORK:	NEW # REQUESTED: ☐ YES ☐ NO *If Yes, See Telephone & Materials section below to select type set.*	COST CENTER: *Important info regarding Cost Center* • Required for New Services; • See Billing Cost Center Change Request • See New Cost Center Request	DUE DATE: *Allow 7-10 business days for normal processing.*
			EXPEDITE REQUEST: ☐ YES ☐ NO *By Selecting "Yes" you agree to accept responsibility for related expedite fees.*
			REQUESTED EXPEDITE DUE DATE:

EMPLOYEE LAST NAME:	EMPLOYEE FIRST NAME:

DESCRIPTION OF WORK REQUESTED:

Report Troubles to the ITS Service Center at 601-432-8080 or Service.Center@its.ms.gov.

LOCATIONS:
Moves, Adds & Changes

CURRENT LOCATION				NEW LOCATION			
BUILDING:	FLOOR:	ROOM/OFC:	JACK #:	BUILDING:	FLOOR:	ROOM/OFC:	JACK #:

DIALING PARAMETERS

LOCAL ONLY: ☐ YES ☐ NO

LONG DISTANCE: ☐ RESTRICT ☐ UN-RESTRICT

AUTHORIZATION CODE REQUIRED: ☐ YES ☐ NO

If yes, complete AUTH CODE section below.

CALL PICKUP GROUP (CPU) OPTIONS:				VOICE MAIL

| CALL PICKUP GROUP (CPU) REQUIRED? ☐ YES ☐ NO | ADD TO EXISTING CPU WITH: *(List 1 or 2 telephone numbers in existing CPU group#)* | NEW CPU GROUP: *(List all telephone #'s)* | REMOVE EXT. FROM CPU GROUP: | VOICEMAIL ☐ YES ☐ NO
VOICEMAIL ATTENDANT/0-OPTION EXT.
Important info regarding Voicemail Attendant
• *Caller gets voicemail & presses "0" to speak to an alternate answering position.*
• *A Voicemail Attendant is required & it cannot be the same as the telephone that voicemail is being added.*
• *If not provided, your agency's main number will be programmed as the Attendant.* |

CALL COVERAGE OPTIONS

CALL COVERAGE REQUIRED: ☐ YES ☐ NO	NUMBER OF RINGS: ☐ 2 ☐ 4 ☐ 6 ☐ 3 ☐ 5 *If number of rings not selected, 3 rings will be programmed which is the standard.*	COVER POINTS: 1ST 4TH 2ND 5TH 3RD 6TH

TELEPHONES & MATERIALS

TELEPHONE SET REQUESTED: *Please select a telephone if installing or changing set type.*

ANALOG/SINGLE LINE TELEPHONE:	DIGITAL/ MULTI LINE TELEPHONE:	CONFERENCE TELEPHONE:	MATERIALS:

• SINGLE LINE:
  ☐ ITS TO PROVIDE SET
  ☐ AGENCY TO PROVIDE SET
• SINGLE LINE W/CALLER ID:
  ☐ ITS TO PROVIDE SET
  ☐ AGENCY TO PROVIDE SET
 	
*A one-time charge will apply for single line sets provided by ITS and includes no warranty or maintenance.***
	• **2400 SERIES**
	☐ 2410 (12 BTN) ☐ 2420 (24 BTN)
	☐ 24 SERIES EXP MODULE
	• **6400 SERIES**
	☐ 6408 (8) ☐ 6416 (16)
	☐ 6424 (24)
	☐ 64 SERIES EXP MODULE (24)
	• **8400 SERIES**
	☐ 8410 (10) ☐ 8434 (34)
	☐ 84 SERIES EXP MODULE
	• **9400 SERIES**
	☐ 9404 (12) ☐ 9408 (24)
	☐ 94 SERIES EXP MODULE
	• **VoIP SERIES**
	Only Available to existing users
	☐ 9620 ☐ 9640 ☐ 9650
	☐ VoIP SERIES EXP MODULE
	
	If requesting a Multi-line set, please submit a completed programming sheet with the request.
		☐ ANALOG
		☐ DIGITAL
		
		A one-time charge will apply for all Conference sets.
			TELEPHONE CORDS
			  ☐ HANDSET CORD(S)
			  ☐ WALL MOUNT CORD(S)
			  SIZE:
			  TYPE SET:
			  QTY:
			
			DATA CABLE
			  ☐ INSTALL, QTY
			  ☐ MOVE:
			  FLOOR:
			  ROOM:
			  QTY:

FIBER: ☐ MULTI-MODE ☐ SINGLE-MODE

ON-SITE CONTACT: PHONE #:

POINT A LOCATION: POINT B LOCATION:

Capitol Complex/Remote Site - Service Order Request Form | 2014

EMPLOYEE AUTHORIZATION CODE REQUEST		
☐ ASSIGN AUTHORIZATION CODE	☐ DEACTIVATE AUTHORIZATION CODE	
EMPLOYEE LAST NAME:	EMPLOYEE FIRST NAME:	
EMPLOYEE TELEPHONE #:	AUTH CODE (DEACTIVATION ONLY):	COST CENTER: *Required for new Auth Codes*

CONFERENCE BRIDGE REQUEST	
MODERATOR LAST NAME:	MODERATOR FIRST NAME:
MODERATOR TELEPHONE#:	MODERATOR EMAIL:
DEPT/DIVISION:	COST CENTER: *Required for new Conference Bridge Account*

BILLING COST CENTER CHANGE REQUEST		
EMPLOYEE LAST NAME:	EMPLOYEE FIRST NAME:	
Check all that apply & Provide numbers ☐ TELEPHONE NUMBER ☐ AUTH CODE ☐ CONFERENCE ACCT	CURRENT COST CENTER:	NEW COST CENTER:

NEW COST CENTER REQUEST

AGENCY:	DEPARTMENT/DIVISION:
☐ COST CENTER/BILL TO *Creates new invoice #.*	☐ NEW COST CENTER

NAME FOR NEW COST CENTER:
 CONTACT NAME:
 BILL TO ADDRESS:
 	
 LIST NAMES & ACE LOGINS FOR STAFF WHO WILL ACCESS INVOICE:
   1.
   2.
   3.
   4.
	NAME FOR NEW COST CENTER:
	 BILL TO CONTACT:
	 ADDRESS:
	
	 EXISTING BILL TO #:
	 See invoice to find Bill To #.

ADD/REMOVE ONLINE TELECOM USERS

☐ ADD ONLINE USER   ☐ REMOVE ONLINE USER

USER NAMES & ACE LOGINS: 1.   3..

                          2.   4.

COST CENTERS:

AGENCY HEAD/AUTHORIZED
TELECOM COORDINATOR SIGNATURE: _____   DATE: