

TELECOMMUNICATIONS EQUIPMENT ORDER REQUEST FORM

DEPARTMENT: _____

CONTACT PERSON: _____

PHONE & E-MAIL: _____

FAX: _____

CAMPUS ADDRESS: _____

ACCOUNT NUMBER: ** _____

AUTHORIZED SIGNATURE: ** _____

DATE: _____

Revised on: 12/23/2010

ITEMS	COST	QUANTITY	TOTAL
Single line desk phone	\$25		
Single line wall phone	\$25		
Single line Panasonic Speakerphone	\$50		
Dterm 16 button multi-line phone w/ Display: Digital line only	\$165		
Dterm 8 button multi-line phone w/ Display: Digital line only	\$150		
Line cord 7', 14', 25'	\$4, \$5, \$6		
Handset cord 6', 12', 25'	\$4, \$5, \$6		
Headset	\$200		
TOTAL:			

All requests require a minimum of a 2-week notice from October through April and a 4-week notice for May through September. For any additional questions, please call extension 7-3800 or e-mail us at: www.albany.edu/its/help
 Return this form to: Telecommunications Office, Management Services Center, Room 209 or fax it to extension 7-3810.

*****Account number and signature from an authorized signatory is mandatory. Work orders will not be processed without these pieces of information.***