



CONSULTING SERVICES REQUEST FORM

SERVICE REQUISITION # _____

INSTRUCTIONS: Complete sections 1 and 2. Send or FAX all copies to *Consulting and Support Services Customer Support Office, 105 Univ Supp Bldg 2, University Park, PA 16802-1013; FAX # 814-863-1205.*

For assistance with cost estimate, call the Consulting and Support Services Customer Support Office at 814-865-8311 or your ITS Consultant.

For one-time charges: Authorization indicates approval to complete the work specified; the costs shown are estimated amounts for that work.
For monthly charges: Authorization indicates approval for continuing direct billing until service is removed or discontinued.
 Verbal amendments may be made to this requisition if so indicated below.
 A detailed billing statement listing all applicable charges will be sent following completion of the required service for one-time charges, or monthly for recurring charges.

1. DESCRIBE WORK REQUESTED OR ATTACH MEMO:

1.1 PROVIDE BUILDING NUMBER INFORMATION:

2. 2.1 Location where work is to be performed _____

Floor # _____ Room # _____ Building Name _____

2.2 Contact Person _____

Name _____ Address - Room, Building _____

E-mail (required) _____ Telephone Number _____

2.3 **REQUESTED** Completion Date _____ 2.4 Service discussed with _____

ITS Representative _____

2.5 Estimated Cost: \$ _____ \$ _____ Amendments to increase cost permitted? Yes No

One-time Monthly

2.6 a Budget for one-time charges: _____

Budget _____ Fund _____ Cost Center _____

b Budget for monthly recurring charges: _____

Budget _____ Fund _____ Cost Center _____

c Budget for monthly usage charges: _____

Budget _____ Fund _____ Cost Center _____

2.7 Billing contact: _____

Name _____ Address - Room, Building _____ E-mail (required) _____

2.8 Approvals: _____

Budget Executive/Budget Administrator/Director of Business Services/Budget Assistant signature _____ Print name _____ Date _____

Financial Officer/Financial Assistant signature _____ Print name _____ Date _____

UNIT SERVICES USE

Building # _____ Keysheet # _____

ROUTING	DATE IN	DATE OUT
ITS Consultant	_____	_____
Unit Services	_____	_____

DISTRIBUTION INFORMATION					
VENDOR	OTHER	ORDER	DATE ISSUED	DATE DUE	DATE COMPLETE
VERIZON	_____	_____	_____	_____	_____
Cingular	_____	_____	_____	_____	_____
(OTHER)	_____	_____	_____	_____	_____