

**MONTANA STATE UNIVERSITY
TELEPHONE & NETWORK SERVICES REQUEST (TNSR)**

(Stamp)

(This section to be Completed by ITC)

SERVICE ORDER NUMBER _____

_____/_____/_____
ITC REVIEW _____ DATE

(This Section to be Completed by Tel/Net Coordinator)

DEPARTMENT NAME _____

TEL/NET COORDINATOR _____

COORDINATOR BLDG. _____ RM. NO. _____ PHONE _____

COMPLETION REQUESTED BY (DATE) _____

_____/_____/_____
TELEPHONE/NETWORK COORDINATOR APPROVAL _____ DATE

SEE REVERSE FOR INSTRUCTIONS ON COMPLETING THIS FORM

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Employee, Title & Degree or Phone Name	Current Location Bldg. & Room No.	Type of Svc.	Phone or Network Type	Phone # (DN)	Describe Telephone or Network Request Include all Phone Features, including NCOS (see instructions on reverse) (Attach Diagram showing location of new installations -- REQUIRED))	Office Use Only
						Ins _____ Patch _____ Tech _____
						Ins _____ Patch _____ Tech _____
						Ins _____ Patch _____ Tech _____

Billing: This Order _____ Long Distance _____ Monthly Line Charges _____ Facilities/Conduit _____

Technician Notes: _____