REQUEST FOR ADDITIONAL PHONE, FAX FORM

To order additional telephone services, please fill out this form and obtain signed authorization from the relevant head of school/unit.

***Please attach this form when submitting the ticket to ISS.***

**Name of Requester**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School/Unit**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Building** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Room No**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Existing Extension No**. (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please tick box to indicate service required:**

Additional Standard Telephone Line: Cost: €150.00

Single line Caller ID Handset: Cost: €110.00

Multiple Line Caller ID Handset: Cost: €180.00

Other (please specify) Cost: €

Total Cost: \_\_\_\_\_\_\_\_\_\_\_\_\_

Location of new phone line; Room No: Socket/Port No: \_\_\_\_\_\_\_

**This Section will enable the Finance Office to transfer funds from the School/Unit requesting the phone.**

I hereby authorize the Finance Office to debit the amount shown in the total cost field above from our account, inserted below and transfer this amount to the Telephone Account No. D02216 - 30203.

Account to be debited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School / Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completion Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ISS use only