Data Network/Cable TV Request

Section I - Requestor Information
Name ___________________________ Department ___________________________ Date: ________
Building ___________________________ Room Number ___________________________ Telephone ___________________________
E-Mail ___________________________

Section II - Network Information
Type of Request:(Check all that apply) ☐ Data ☐ Cable TV
☐ Activation ☐ Installation Date Needed By: ________
Building: ___________________________ Room #: ____________
Funding Source: (SAP cost center) __________________________________________
(For projects completed in-house only)
Description: ____________________________________________
(Please attach additional information if needed)
Justification: ____________________________________________
(Please attach additional information if needed)

Section III - Department Approval for Estimate
Approval of the Department Chair/Head is required for Information Technology Services to complete the estimate.
Approved: ____________________________________________ Date ____________
Department Chair/Head

Section IV - Information Technology Services Estimate
Estimated Cost: $ ___________________________ Date of Estimate: ____________
Estimate Prepared by: ___________________________ Estimate approved by: ____________
Work to be completed by: ___________________________

Section V - Approval Information
Signatures below allow Information Technology Services to (a) complete the work in-house and charge the cost of materials to the SAP
Cost Center listed above or (b) contract for the work with the vendor listed above and send the vendor invoice to the department for
payment.

Information Technology Services Date Individual Responsible for Funding Account Date
Department Chair/Head ____________ Date ____________