

The College of New Jersey  
Office of Telecommunications  
Request for Campus Telephone Service

**Requestor's Information:**

Name: _____	Date: _____
Department: _____	Ext #: _____

**Requested Phone Location & User's Name:**

Building: _____	Room #: _____
Name: _____	Jack #: <b>VT</b> _____

**Reason/Description:**

Briefly describe the reason for this request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Requested Service/Items:**

<u>Description</u>	<u>Phone Type</u>	<u>Charge Type</u>	<u>Amount</u>	<u>Qty</u>	<u>Total</u>
Telephone Set Model 120	Single Line Unit, Non-Speaker	One-Time	\$35.00	-----	\$ -
Telephone Set Model 240B	Multi Line Unit (2-11 Lines), Non Speaker	One-Time	\$85.00	-----	\$ -
Telephone Set Model 240S	Multi Line Unit (2-11 Lines), w/Speaker	One-Time	\$135.00	-----	\$ -
Telephone Set Model 240E	Multi Line Unit (2-11 Lines), w/Speaker&Display	One-Time	\$160.00	-----	\$ -
Telephone Set Model 400	Multi Line Unit (12-29 Lines), w/Speaker&Display	One-Time	\$105.00	-----	\$ -
Telephone Set Model 400H	Multi Line Unit (12-29 Lines), w/Speaker, Display & Headset Jack	One-Time	\$135.00	-----	\$ -
Other _____		One-Time	-----	-----	\$ -

(Submit a Journal Entry Form to Finance & Business Services for the total amount shown in the *Total One-Time Charges* field to the right. A copy of the Journal Entry Form must be sent to Telecommunications with this form.)  
 Credit To: **Account 40820, Fund 11, Class 07, DeptID 4353.**

Total One-Time Charges      \$ -

<u>Description</u>	<u>Charge Type</u>	<u>Amount</u>	<u>Qty</u>	<u>Total</u>
Main Campus Monthly Line Charge	Monthly	\$12.00	-----	\$ -
Duplicate Extension Monthly Line Charge	Monthly	\$10.00	-----	\$ -
Other Monthly Line Charge	Monthly	-----	-----	\$ -

Total Recurring Charges      \$ -

**Department Account #'s To Be Charged**

Account	Fund	Dept ID	Program	Class	Proj/Grant

**Cabinet Approval:**

Executive Officer: _____	_____
<i>Print Name</i>	<i>Signature</i>

**Telecom Use Only:**