SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

SIUE ITS Network & Infrastructure

Management Service Requisition Form

Office of ITS | PO Box 1068 | Edwardsville, IL 62026 | Phone 618-650-3373 | Fax 618-650-3333 | email: NIRequests@siue.edu

Contact Information

Name _____   Phone _____

Dept _____   E-mail _____

Service Request Information

Campus Location _____   Department _____

Requested Due Date* _____   Budget Purpose
Number to be billed _____

Service(s) to be provided: Include the building(s), room number(s), phone number(s), datajack ID(s) and any other pertinent information. Attach drawings to show location(s) where new datajack(s) or phone(s) are being installed - refer to the Facilities website for current building floor plans at http://www.siue.edu/maps (call #3373 for further information). *Minimum of 15 working days when new services are being requested

I certify that there is an unobligated balance available in the Budget Purpose Number indicated

_____   _____
Fiscal Officer Signature   Date

Email completed form to NIREQUESTS@SIUE.EDU