
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

Revision 11/2023

Email completed form to NIREQUESTS@SIUE.EDU