

# Military Department State of Maryland

## TELECOMMUNICATIONS SERVICE REQUEST

*This form **must** be used for all requests involving telephonic equipment or services (see Type of Service)*

TSR Request No.	Type of Service:    Voice <input type="checkbox"/> Network <input type="checkbox"/> Wireless Cingular <input type="checkbox"/> Wireless Nextel <input type="checkbox"/>				
Ship To:	Pager <input type="checkbox"/>	Radio <input type="checkbox"/>	Video <input type="checkbox"/>	Calling Card <input type="checkbox"/>	Repair <input type="checkbox"/>
<small>NOTE: Cellular and land phone equipment requests are subject to the Communication Board's approval (see bottom of page)</small>					
1. Facility Name & Location of Requestor	2. Financial Data: Show Percentages			3. Authorized Agency Representative: (Certifies that funds are available from the account specified and authorizes the expenditure of such funds for the purpose described below.)	
	PCA _____ Object _____			Signature _____ Date _____	
	Fund: 01%age _____ 03%age _____ 05%age _____ 09%age _____ Fund Split? Yes _____ No _____			<b>John A. Heimberger, IT Manager</b>	
4. Requester/ Contact Name	5. Req/Con Phone No.	6. Assignee Name		7. Assignee Office Phone No.	
8. Date Service Requested	9. Date Requested Completion	10. Billing Telephone (repairs)			
11. Location of Requester		12. Location of Service Including Building No.		13. Location of Contact Include Building No.	
13. Justification for Request <b>(Important Notes: TSRs will not be processed without justification and Program Manager's signature, All appropriate boxes must be completed before order can be accepted.)</b>					
_____ Program Manager's Signature			_____ Date		
14. Details of Service Requested: (Print or type information, be specific and legible giving all facts concerning request. If ordering wireless phones state approximate minutes per month usage, local where phone is to be used, for what purpose and any additional phone functions required.)					
Attach additional or supporting information on separate plain sheets of paper					

**Communication Board's Findings:**  
 In accordance with existing policies the **Communication Board** met on \_\_\_\_\_ with the following findings:  
 Request approved \_\_\_\_\_      Request not approved \_\_\_\_\_  
Signature of Board Chairperson      Signature of Board Chairperson  
 Reason for disapproval: