

IT and Voice Services Request

(any requests requiring a cost centre requires this form to be completed)

FULL NAME (including middle):

WINDOWS LOGIN:

ASSET TAG #:

ADDRESS:

(make sure you use the address where the person who is requesting the product sits – Rm # and Site)

Phone number IT can contact you:

CONTACT PERSON (if different than above):

REASON FOR REQUEST:

Please look on the IT Self-Service for the product/service you wish to order and include all the information required for your request below. (Please be specific as products cannot be returned):

****Please keep the email with your ticket number that is generated in case you have any inquiries after your purchase/service. You can contact the IT Helpdesk at 902-473-3399 or put an incident/report through the IT self-service. You are responsible for following up on your ticket or letting the Department know that your ticket was not completed.

SIGNATURE OF REQUESTOR

PLEASE PRINT NAME

(If this is a divisional expense it will require the Division Head's signature. If this is not a divisional expense then the person paying can sign and will be charged back. If no expense the person requesting the product can sign)

For office use only – Date Form Received _____

_____ Divisional expense _____ Surgeon expense _____ Department expense

Ticket number :

Ticket number _____ Date _____

Ticket number _____ Date _____

Date Product received: _____

Notes: _____
