LARGE ORDER
MOVE EXISTING TELEPHONES

Desired Completion Date: _____ Department: _____ Installation Account: _____

Emergency Rush: _____ Contact Person: _____ Monthly Account: _____

Specific Date: _____ Telephone #: _____

☐ Yes ☐ No Does your dept have ITS managed computers/printers?

			ITS only		***If upgrading-***		***ITS only***						
Phone #	**Set Type**	**From Jack**	**Port**	**Prs**	**New Set Type**	**To Jack**	**New Port**	**Prs**	**LD**	**VM**	**Zero Option EXT.**	**Call Cov**	**Comment**