

Voice Short Order Form

Coordinator's Name _____
Coordinator Extension Number _____
Coordinator Department _____



Information Technology Services
271 Durham Center
294-8565 Fax 294-5050
support@iastate.edu

WO# _____

Desired completion Date:

As soon as possible
Emergency/Rush *(Call 4-8565 to obtain prior approval. If approved, there will be a \$100 expedite fee per order with a maximum of 2 installs/moves in the same building.)*
Specific Date: _____ *(Must be received more than 5 working days ahead of specific date.)*

Add Change Move Disconnect Upgrade Downgrade

Special Instructions:

Extension #: _____
Monthly Fund Acct. # _____ Install Fund Acct. # _____
Location: Building _____ **Move to:** Building _____
Room # _____ Room # _____
Jack # _____ Jack # _____

****New Jack:** Attach a room diagram (sketch) marking each new jack location, doors, and north.

Set Type

Analog:	Digital:	Headset:	Adjunct:
Jack only/modem, fax	2410D (display)*	Headset Module	Digital to Analog Adapter
2500 (single)	2420D (display)*	Avaya Wireless	Expansion Module
2554 (wall)	6408D (display)*	Supra (over the head)	Extension to Cellular
6221 w/speakerphone	6416D (display)*	Mirage (over the ear)	Music on Hold
6.0 GHz Cordless	6424D (display)*	Tri-star (piece in ear)	
Polycom Speakerphone	8410B (basic)*	6400 Headset Cord	
Polycom Speakerphone 2W	8434D (lg display set)*	Headset Cord Adapter	

* Requires button set up sheet – please attach

Same features this extension currently has: Yes No

Long Distance Yes No (if marked no, authorization code needed)
Call Coverage Add Delete Change
_____ (2-6) rings covers (on busy) to Point1 _____ Point 2 _____ Point3 _____

Voice Mail

Add Delete Name Change Password Reset
Extension # _____ Name: _____
Campus Address _____ Zero option extension: _____

Add Delete Name Change Password Reset
Extension # _____ Name: _____
Campus Address _____ Zero option extension: _____

Call Pickup – an extension may not be in more than one call pickup group.

Extension No. in the group: _____ Add: _____ Drop: _____
or group number (if known) Add: _____ Drop: _____

Coordinator Signature _____ Date _____

Order _____	Em _____	Pr _____	Spec I _____	Spec II _____	Closed _____
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