New Telephone Form

University of Manitoba

Work order _____
(Telephone Office use only)

Submitter Name: _____ Date Submitted: _____

Department: _____ Submitter Phone #: _____

FOAP: _____
*Funds starting with a 3 require a Telephone Expenses Grant Justification Form attached to this request.

Required: ☐ On or ☐ Before _____

New Phone #_____
(Telephone Office use Only)

Location

Room # _____ Building _____ Jack # _____

Add Telephone Service/Features:

☐ Main Set   ☐ Fax/analog   ☐ Interac

☐ Single Line Set   ☐ Multi-line Set   ☐ Softphone

☐ Add Voicemail   ☐ Add Voicemail to email   ☐ Add Voicemail Menu
(Include options/user's names in Special Instructions)

☐ Toll Restricted   ☐ 411 Restricted   ☐ Both

Name Display on Set (max 15 characters including spaces)

_____

(Indicate department name or abbreviation or specific employee name—note this is optional)

☐ Individual User   or   ☐ Shared Phone
(If individual user, complete the following section)

Name of employee using service: _____

Employee # _____ Email _____

Job Title (for people search) _____ Department _____

Special Instructions:

_____

Form available in alternate formats upon request.