

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: **Land Line ____ *Wireless____ Pager ____ Repair ____ Data ____ Air card ____ Directory Svc ____ Network ____ Other _____ Note: See below for explanation of asterisks.	
Ship To	Facility Name and Location of Requestor	Name and Phone No. of Requestor
Contact Name and Phone No.	Financial Data: Show Percentages PCA _____ Object _____ Fund: 01%age ____ 03%age ____ 05%age ____ 09%age ____ Fund Split? Yes ____ No ____	Authorized Agency IT Representative: (certifies that the equipment or services requested are required for the purpose specified). <hr/> Signature _____ Date _____ John A. Heimberger, IT Manager
Dt. Service Requested	Location of Service include bldg No. _____	Program Mgr. Signature and Date <hr/> Note: TSRs will not be processed without Justification and Program Manager's signature. Program mgrs. signature certifies funds are available.
If cell request IT insert account number here	*If this is a request for a new cell phone state below the area to be serviced, if text messaging is required, whether email is necessary and approximate minutes per month usage. **If this is a request for repair of a land line please specify below the nature of the request and the phone number of the instrument.	
Details of Service Requested (See * or ** above as applicable) _____ _____		
Justification of Request (Print or type information, be specific and legible giving all facts concerning request such as purpose or requirement). Attach any additional supporting information on separate plain sheets of paper. _____ _____		