



INFORMATION TECHNOLOGY SERVICES:

COMMUNICATIONS NETWORK SERVICES

Project Estimate Request

From:	_____	Date:	_____
Department:	_____	Desk Phone:	_____
Cell Phone:	_____	Email:	_____
		Estimated Project Completion/Move In Date:	_____
Project Name:	_____		

1 New Location:

Campus:	_____	Building Name/Number:	_____
Room Number(s):	_____	Street Address:	_____

2 Current User Location:

Campus:	_____	Building Name/Number:	_____
Room Number(s):	_____		

3 User Contact:

Name:	_____	Desk Phone:	_____
Email:	_____		

4 Project Details:

Number of Estimated New Voice Devices:	_____	Has a Code Assessment been made for the project that includes ITS in the space and pathways to the IT Room (yes or no)
Number of Estimated Moving Voice Devices:	_____	Demo of Communications Infrastructure (yes or no)
Number of Estimated New Networked Devices:	_____	Code Blue Requirements (yes or no)
Number of Estimated Moving Networked Devices:	_____	Alarms Services (yes or no)
Number of Existing Communications Outlets:	_____	New Elevators (yes or no)
Number of New Communications Outlets:	_____	Wireless Requirements (yes or no)
Cabling run by GC or ITS CNS:	_____	Modular Furniture (yes or no)

5 Additional Information:

6 Please attach any documentation that will assist us in providing an estimate, i.e drawings.