



SPECIAL/ADDITIONAL SERVICE REQUEST

Requestor's Name: _____ Unit: _____

Email Address: _____ Tel. No. _____

Description of the special/additional request:

Expected completion date: _____

Account to be charged: _____

To be filled by ITServ:

Setup/development one-time costs: _____

Yearly maintenance costs: _____

Requester Signature

Approve by Dean/Director

Date: _____
