



STS-04

DIT/Telecommunications Services Shared Service Agreement

Effective Date: \_\_\_/\_\_\_/\_\_\_

All parties sharing a service provided by TS shall sign this Agreement. The cost for the service will be shared equally among all involved parties or as requested by client.

1. Agency Names, Billing Address and Contacts: Billing Account Codes: Pct.

Table with 3 columns: Agency Names, Billing Address and Contacts, Billing Account Codes, Pct. Contains three rows of blank lines for data entry.

2. Physical Address of location where shared service is to be installed:

Form for physical address with labels: Street Address, City, State, Zip, Bldg./ Room #, Site ID.

3. Authorized Use of Service Agreement: (\*)

Form for authorized use with labels: Name: (print), Name: (signature), Telephone #. Contains three rows for different parties.

(\*) Fiscal Office/Budget Authorization signature required for each party. Signature agrees to all terms and conditions of the Service Level Agreement, including the Shared Service provision.

Upload this completed form to the DIT Service Now Portal:

https://ncgov.servicenowservices.com/sp\_dit

\*\*\*Sign into the Service Now Portal using NCID credentials & attach this form to your request.

NC Department of Information Technology Service Delivery

DIT Home Page Web Address: https://it.nc.gov/
DIT Service Desk: (919) 754-6000; 1-800-722-3946