



# TO-5 Telephone Order Service Request

Date:

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**  
 Upload this completed form to the DIT Service Now Portal:  
[https://ncgov.servicenowservices.com/sp\\_dit](https://ncgov.servicenowservices.com/sp_dit)

Requested Due Date:

Service Request Number (IUO):

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

### Information requested below is REQUIRED in order to expedite processing.

Requestor Name (mandatory):		Requestor Telephone Number (mandatory): ( ) -	
Requestor E-mail (mandatory):		Requestor Fax Number: ( ) -	
Name (Requested for):		Telephone Number: ( ) -	
25-digit Account/Department Code for Billing: (mandatory):	Bill To Telephone Number (mandatory): ( ) -	Floor (Location):	Room (Location):
Federal ID:	Department Name:	Division:	
Street Address: (Work Location):	City / Town:	Zip Code:	County:
Old Street Address (Only for a move):	City / Town:	Zip Code:	County:
Site Contact Name (mandatory):		Site Contact Telephone Number (mandatory): ( ) -	
Site Contact Name (mandatory):		Site Contact Telephone Number (mandatory): ( ) -	
Site Contact E-mail:	Site Contact Fax Number: ( ) -	Room Number:	

Type of Service:	Phone Type:	Model Number:	System:	Line Type:
<input type="checkbox"/> Move	<input type="checkbox"/> Single Line set _____		<input type="checkbox"/> Centrex	<input type="checkbox"/> Centrex Line
<input type="checkbox"/> Add	<input type="checkbox"/> Avaya _____		<input type="checkbox"/> Key System	<input type="checkbox"/> Fax Line
<input type="checkbox"/> Change	<input type="checkbox"/> Nortel/Meridian _____		<input type="checkbox"/> PBX	<input type="checkbox"/> ISDN PRI
<input type="checkbox"/> Disconnect	<input type="checkbox"/> Nortel/Norstar _____		<input type="checkbox"/> ITS EIPT	<input type="checkbox"/> Modem Line
<input type="checkbox"/> Inside wiring required	<input type="checkbox"/> Toshiba _____		<input type="checkbox"/> ITS Mngd PBX	<input type="checkbox"/> Voice Line
<input type="checkbox"/> Auth Code	<b>Meridian Meridian</b>		<input type="checkbox"/> ITS IVR/Call Ctr	<input type="checkbox"/> Other_____
<input type="checkbox"/> International Long Distance	<input type="checkbox"/> Other _____		<input type="checkbox"/> Other_____	
<input type="checkbox"/> Toll Free (1-800)				
<input type="checkbox"/> Integrated Voice Messaging Service (IVMS) [see page 2 for provisioning details]				
<input type="checkbox"/> Auto Attendant				
<input type="checkbox"/> Other_____				

Describe the Service Request. Attach an addendum if required. Use only 1 installation site address per TO-5.

Budget Officer's Signature (mandatory):	SOF <input type="checkbox"/>	Telephone: ( ) -	Date:
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## Integrated Voice Messaging Service (IVMS)

The Integrated Voice Messaging Service provides users with an assortment of voice mail tools in one solution that enhances communications and productivity.

### General IVMS Information

IVMS Mailbox User Name:

IVMS Mailbox "0" Out Number (if applicable):     -     -

### Service Offering Options

Choose which service offering you prefer;

#### Basic

- Basic without Integrated Fax
- Basic with Integrated Fax, please provide e-mail address for fax delivery.

#### Advanced

- Advanced

Check all that apply;

- Integrated Fax, please provide e-mail address for fax delivery.

- Reach Me

List up to three numbers to be where you can be "reached".

1<sup>st</sup> -     -     -

2<sup>nd</sup> -     -     -

3<sup>rd</sup> -     -     -

- Notify Me

Where would you like to be "notified" you have a voice mail?

E-mail address:

Text Message:     -     -

Pager:     -     -

A phone call to:     -     -

#### Custom

For custom service offering design please call 919-754-6000 and one of our analysts will be glad to assist you.