

	TO-5 Telephone Order Service Request			Date:	
	NC Department of Information Technology Service Delivery PO Box 17209; Raleigh, North Carolina 27619-7209 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.service-now.com/sp_dit		***Sign into the Service Now Portal using NCID credentials & attach this form to your request.	Requested Due Date:	
			Service Request Number (IUO):		
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:			
16 digit Department Code for Bill To Telephone Number (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"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Disconnect <input type="checkbox"/> Inside wiring required	<input type="checkbox"/> Auth Code <input type="checkbox"/> International Long Distance <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_____	<input type="checkbox"/> Single Line set <input type="checkbox"/> Avaya <input type="checkbox"/> Nortel/Meridian <input type="checkbox"/> Nortel/Norstar <input type="checkbox"/> Toshiba <input type="checkbox"/> Other <input type="checkbox"/> Other_____	<input type="checkbox"/> Centrex <input type="checkbox"/> Key System <input type="checkbox"/> PBX <input type="checkbox"/> ITS EIPT <input type="checkbox"/> ITS Mngd PBX <input type="checkbox"/> ITS IVR/Call Ctr <input type="checkbox"/> Other_____	<input type="checkbox"/> Centrex Line <input type="checkbox"/> Fax Line <input type="checkbox"/> ISDN PRI <input type="checkbox"/> Modem Line <input type="checkbox"/> Voice Line <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:



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".

1st -

2nd -

3rd -

- ☐ 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.