|  |  |  |
| --- | --- | --- |
|  | TO-5 Telephone Order Service Request  | Date: |
| NC Department of Information Technology Service DeliveryDIT Home Page Web Address: <https://it.nc.gov/>DIT Service Desk:(919)-754-6000;1-800-722-3946Upload 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. | 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:() **-**  |
| 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: |
| **[ ]** Move | **[ ]** Auth Code | **[ ]**  Single Line set | \_\_\_\_\_\_\_\_ | **[ ]** Centrex | **[ ]** Centrex Line |
| **[ ]** Add | **[ ]** International Long Distance | **[ ]**  Avaya | \_\_\_\_\_\_\_\_ | **[ ]** Key System | **[ ]** Fax Line |
| **[ ]** Change | **[ ]** Toll Free (1-800) | **[ ]**  Nortel/Meridian | \_\_\_\_\_\_\_\_ | **[ ]** PBX | **[ ]** ISDN PRI |
| **[ ]** Disconnect | **[ ]** Integrated Voice Messaging Service (IVMS) [see page 2 for provisioning details] | **[ ]**  Nortel/Norstar | \_\_\_\_\_\_\_\_ | **[ ]** ITS EIPT | **[ ]** Modem Line |
| **[ ]** Inside wiring required  | **[ ]** Auto Attendant | **[ ]**  Toshiba **Meridian Meridian** | \_\_\_\_\_\_\_\_ | **[ ]** ITS Mngd PBX | **[ ]** Voice Line |
|  | **[ ]** Other\_\_\_\_\_\_\_\_\_ | **[ ]**  Other | \_\_\_\_\_\_\_\_ | **[ ]** ITS IVR/Call Ctr | **[ ]** Other\_\_\_\_\_\_\_ |
|  | **[ ]** Other \_\_\_\_\_\_\_\_\_\_ | **[ ]** 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 **[ ]**  | 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.