



**DIRECTORATE OF INFORMATION TECHNOLOGY**

**NEW TELEPHONE EXTENSION REQUEST FORM**

To be filled in by the requisitioner:

Name:	_____
Designation:	_____
Department:	_____
Room No:	_____
Campus:	<input type="checkbox"/> Takatu <input type="checkbox"/> City
Request:	<input type="checkbox"/> New Extension required <input type="checkbox"/> Shifting of existing extension required <input type="checkbox"/> Complaint of faulty line <input type="checkbox"/> Outgoing trunk call facility
Date:	_____
Signature:	_____
Verified by:	_____
	(Head of the department)

Official use of Directorate IT:

Request No:	_____	Date:	_____
Material issued:	Telephone set _____		
	Cable _____		
MDF	_____	System	_____
No. Allocated	_____	Trunk access	Yes / No
Result / Report:	_____		
		Signature:	_____

Comments:	_____	Signature:	_____
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