

Koop Facilities

Cisco IP Phone Work Order

Fax or email: daaron@stpgov.org Fax: 898-3073

Department _____

Date _____

Person Making Request _____

Phone Changes/Problems

Current Name on Phone _____

Type of Phone: 1 Line 2 Line 6 Line Expansion Module

Current Primary phone extension number: _____

What needs to be changed or added?

VoiceMail Line Description(s) Person using phone Other

Change Lines on Phone Phone Behavior Pickup Groups ACD

If the person/name using the phone is changing:

Does the old user need to be deleted from the phone system or moved to another phone? Move Delete

Is the new person using the phone, new to the phone system or are they on another phone? New On Another Phone

Keeping your answers above in mind, please describe your changes or problems in depth:

New Phone (for phones NOT already configured)

What's the MAC address on the back of the phone? (Must be 12 digits exactly) _____

What Name needs to be on the Phone? _____

Type of Phone: 1 Line (\$312) 2 Line (\$326) 6 Line (\$396) Expansion Module (\$300)

This phone requires: VoiceMail Rollover Lines Pickup Groups ACD

Phone Line Setup (new external numbers are assigned by Facilities)

Account # to charge _____

Line 1 _____ Line 4 _____

Line 2 _____ Line 5 _____

Line 3 _____ Line 6 _____

Expansion Module Lines: Please write on back and fax

Date Completed: _____