



WITS2001 Service Order Request Form

Date:	Agency:
Date Due:	Room #:
Priority: <input type="checkbox"/> Routine <input type="checkbox"/> Expedite <input type="checkbox"/> Emergency	
Service Type: <input type="checkbox"/> Dedicated Internet Access (DIA) <input type="checkbox"/> Other	

Purchase Order Number:	
Location Group:	
Billing Account Code (BAC):	
Designated Agency Representative (DAR) Name: <i>(please type or print)</i>	Telephone:
	Fax:
	Email:
Authorized DAR Signature:	
Point of Contact Name:	Telephone:
E-mail Address:	Fax:
2 nd Point of Contact Name:	Telephone:
E-mail Address:	Fax:
Remarks:	

Services

CLIN	Action Code	Description	Qty.	Cost	TOTAL
GRAND TOTAL					



Email completed form to: GSDgovt@qwest.com or Fax completed form to: **612.629.5346**