

Date:

Building Location/Room#:

Library Unit Contact Person:

Telephone:

E-mail:   
(If different from above Library unit contact information)

Order Prepare by:

Department Authorization signature:

Print Name:

Chart string number for this order: Fund:  Org.:

Chart String number for recurring usage: Fund:  Org.:

New Services	Purchase Equipment	Changes
<input type="checkbox"/> Office Line	<input type="checkbox"/> Telephone (Land Line) *	<input type="checkbox"/> Name Change
<input type="checkbox"/> Cellular Line	<input type="checkbox"/> Cellular Telephone *	<input type="checkbox"/> Chart String Number
<input type="checkbox"/> Voice Mail Service	<input type="checkbox"/> Head Set *	<input type="checkbox"/> Move Existing
<input type="checkbox"/> Data Line		<input type="checkbox"/> Delete Line
		<input type="checkbox"/> Other

\* Existing line number( if Applicable):

(Please feel free to review UC Berkeley's CNS web site for equipment information (<http://cns.berkeley.edu>).

Comments:

**For Internal Purchases Only:**

LIB#:  CNS Work Order #:  Date: