UNC Charlotte ITS-Telecommunications *Estimate / Work Request*

1. **INFORMATION** (Requestor complete this information)

FROM	DATE	JOB#
DEPT.		(from FME if applicable)
DESCRIPTION OF WORK ESTIMATE		
CONTACT FOR ADDITIONAL INFORMATION		
NAME	TELEPHONE	

2. **ESTIMATE REQUEST** (Requestor complete only if ESTIMATE is needed)

RETURN ESTIMATE TO	DATE ESTIMATE NEEDED
SPECIAL INFORMATION	

3. **ITS- TELECOMM ESTIMATE** (ITS - Telecomm use only)

TO	DATE PREPARED	PINNACLE JOB #	TITLE/PROJECT #

ESTIMATE SUMMARY	
LABOR	
MATERIAL	
TOTAL	

TECHNICIAN CONTACT FOR FURTHER INFORMATION	ESTIMATE REVIEWED BY
EXT	EXT

4. **WORK AUTHORIZATION** (Complete to initiate work)

DESIRED SCHEDULE	ACCOUNT NUMBER __ - __ __ __ __ __ - __ __ __ __
ADDITIONAL INFORMATION	AUTHORIZATION SIGNATURE DATE