

IT SERVICE REQUEST  
FILL OUT - FAX TO (619)725-7497

ONLY FOR NEW SERVICES  
DO NOT SUBMIT FOR REPAIR/FIX PROBLEMS

# SERVICE REQUEST

**SAN DIEGO UNIFIED SCHOOL DISTRICT**  
MANAGEMENT INFORMATION SYSTEMS  
& TECHNOLOGY SUPPORT SERVICES

DSD-00002 (Rev. 3/00)

DATE \_\_\_\_\_

**INSTRUCTIONS:** COMPLETE THIS FORM, INCLUDING NECESSARY APPROVALS, AND FORWARD FIRST THREE COPIES TO MIS/TSS. RETAIN LAST COPY FOR YOUR FILES. THE USE OF THIS FORM IS COVERED BY DISTRICT PROCEDURE 0500.

REQUEST ORIGINATOR: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

PHONE: \_\_\_\_\_ BUDGET NO. \_\_\_\_\_

DESCRIPTION OF REQUEST:

REASON FOR REQUEST:

DEPARTMENT HEAD  
OR PRINCIPAL \_\_\_\_\_

DATE NEEDED \_\_\_\_\_ DIVISION HEAD \_\_\_\_\_

### FOR MIS/TSS USE ONLY

#### AUTHORIZATION

RECEIPT LOG	_____	_____
	<i>ADMINISTRATIVE</i>	<i>DATE</i>
APPROVED FOR ESTIMATING	_____	_____
	<i>AREA MGR.</i>	<i>DATE</i>

#### ESTIMATING

ESTIMATED BY _____	HRS. _____	COST _____	_____
			<i>DATE</i>
SPONSOR ACCEPTANCE _____			_____
			<i>DATE</i>

#### ACTIVATION

SRB/SPPC PRESENTATION _____	_____
<i>DATE</i>	
DISPOSITION: APPROVED <input type="checkbox"/>	CANCELLED <input type="checkbox"/>
DATE ACTIVATED _____	DATE COMPLETED _____

#### PROJECT

LARGE	
SMALL	
MINOR	
PRODUCTION	

BILLABLE	<input type="checkbox"/> Y	<input type="checkbox"/> N
AMOUNT	_____	

PROJECT NUMBER
_____