

## Telecommunications Project Request For Estimate

### GENERAL INFORMATION

Customer Name: \_\_\_\_\_

Customer Account Code: \_\_\_\_\_

Project Title: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Telephone and Email: \_\_\_\_\_

Customer's Communications Liaison: \_\_\_\_\_

Liaison Telephone and Email: \_\_\_\_\_

Renovations Project Manager (if applicable): \_\_\_\_\_

### PROJECT INFORMATION - *Please attach drawings if applicable*

Describe the project:

Location of project: \_\_\_\_\_

Building: \_\_\_\_\_

Room Number(s): \_\_\_\_\_

Estimated total number and type of voice connections (include fax machines):

Estimated total number and type of data connections (include network printers):

Description of special connections or additional information:

Description of any known special conditions:

Estimated Date of Project Completion: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

**Return to:**  
NI&S Customer Support Services  
1770 Forecast Dr (0506)  
Blacksburg, VA 24061  
FAX: 540-231-4800  
cssnis@vt.edu