Campus Computing Service Request Form

USF St. Petersburg campus Interdepartmental Billing



Request billable services, software licenses, or products from Campus Computing. This form must be signed by an Approver and must be submitted before service can be delivered.

Instructions: Send an email to stp-help@usf.edu and attach this form. Include any additional relevant information in the body of the email. A ticket will be automatically created in our ticket system on your behalf.

Service	Req	uested By							
Date of Request:						Due Date:			
Name:						Phone:			
Email:					Building & Room #:				
Appro	over	Name*:		Department:					
Appro	over	must be an authorized Signature:	signer of the	chartfield provide	ed belov	V.			
		Field Information		.1	T D	l a.	1		Don't at
Op. Unit I		Department	Fun	a	Proc	luct	Initiative		Project
Service		enses, and Products		Rate/Cost	QTY	Description			Rate/Cost
QII.	Service Request (Tier 1) *			\$45/hour	QII	Cisco AMP License (5-year license)			•
Service Request (Tier 1) Service Request (Tier 2) ** Data Port (DHCP) Data Port with Static IP Address			\$64/hour		JAMF MacOS License (5 years)			\$104/license	
			\$15/month					\$54/license	
			\$17/month					7 - 7	
Network Port Activation			\$40/port		Other:				
**Inclu	des potion	neral service requests, roject analysis/manago of Request e service being reque	ement, techr					-hours suppo	rt, etc.
Billing a	and (Processing Informatio	n (to be com	pleted by Campus	Compu	ıting)			☐ Recurring Charge
Total Hours Total Cost of Products/L			icenses	nses Total Additional Fees			Total Due		

Date Completed

\$

Related Incident Numbers

Total Cost of Products/Licenses

Work Completed By

\$