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| **Center for Information Technology Services University of Moratuwa** | **CITeS** |

**FORM FOR IP PHONE TROUBLESHOOTING**

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| Department/ Division |  | | |
| **Phone information** | | | |
| Extension : |  | Model: |  |
| Serial: |  | MAC: |  |
| Inventory owner: |  | Signature: |  |
| Observed Defect: |  | | |
| **Details of the Phone User** | | | |
| Name |  | | |
| Designation: |  | | |
| Contact No: |  | | |
| Signature: |  | Date of Submitted: |  |

*(For any clarification, please contact CITeS via extension* ***4400****)*

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| **Director/CITeS,** |  |  |
| Please rectify the issue on above mentioned IP phone of our department/division | | |
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| ------------------------------ |  | ---------------------- |
| Head of the Dep/Division |  | Date |

**Note: IP phone should be submitted along with the authorized application.**

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| **For office use only** | | | |
| The technical problem of the above phone has been solved. | | | |
| Warranty Period: | Expired | Not Expired |  |
| Comments by CITeS : | -------------------------------------------------------------------------------------- | | |
| ------------------------- | ------------------------- | ------------------------- | ------------------------- |
| Troubleshooted By | Date | Director/CITeS | Date |

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| **Recommendations & further actions:**  ------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------  -------------------------------- -----------------------------  Director/CITeS Date |