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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 |
|   |  |   |
| ------------------------------ |  | ---------------------- |
| Head of the Dep/Division |   | Date |

**Note: Please contact CITeS before submitting the IP phone 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 |