

Network Services Billing
Information Technology Services
North Dakota State University

PROJECT#: _____

Cost Center: 0504 / 0505
(Data) (Voice/Video/Other)

Facilities Mgmt Job#: _____

Department Information:

Date Submitted: _____

Requesting Dept: _____ Dept Number: _____

Requested By: _____ Phone: _____

Requested Completion Date: _____ Estimate: \$ _____

Special Instructions (Attach drawings or prints submitted with request.)

Network Services Information:

Date Completed: _____ By: _____ Total Hours: _____

Labor Charged: \$ _____ (\$35/hr NDSU - \$45/hr commercial rate)

Materials: (attach list) \$ _____ Total Cost: \$ _____ (materials & labor)

Sublet Work: \$ _____ Sublet To: _____

Amount Billed: \$ _____