

SERVER BASED COMPUTING SERVICE (SBCS) SUBMITTAL

Completion of this Submittal Form is required prior to the start of work. Submittals are transmitted via [Remedy Service Request \(SR\)](#). Questions regarding project submittals can be directed to your CDT Account Lead.

Service Request No.		Submittal Date	
Project Name / Abbreviation		Submittal No.	

CONTACT INFORMATION

SBCS Contact Name	
SBCS Contact Phone	

SERVICE COMPONENTS *(Select needed components)*

<input type="checkbox"/> Base Application Bundle	<input type="checkbox"/> MS Office Productivity Bundle	<input type="checkbox"/> MS Visio Standard	<input type="checkbox"/> MS Project Standard
<input type="checkbox"/> Hosted Customer COTS Application	<input type="checkbox"/> Hosted Customer Custom Application	<input type="checkbox"/> Adobe Acrobat Professional	<input type="checkbox"/> Other, describe below

Other:	
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Additional Storage Needed (GB):	
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Special Instructions, if any:	
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Number of Users:	
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Number of Hard Tokens:		Number of Soft Tokens:	
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END USER(S) INFORMATION

End User1 Information	<input checked="" type="checkbox"/> Hard Token <input type="checkbox"/> Soft Token	Name	
		Email	
		Phone Number	
End User2 Information	<input type="checkbox"/> Hard Token <input type="checkbox"/> Soft Token	Name	
		Email	
		Phone Number	
End User3 Information	<input type="checkbox"/> Hard Token <input type="checkbox"/> Soft Token	Name	
		Email	
		Phone Number	
End User4 Information	<input type="checkbox"/> Hard Token <input type="checkbox"/> Soft Token	Name	
		Email	
		Phone Number	
End User5 Information	<input type="checkbox"/> Hard Token <input type="checkbox"/> Soft Token	Name	
		Email	
		Phone Number	
End User6 Information	<input type="checkbox"/> Hard Token <input type="checkbox"/> Soft Token	Name	
		Email	
		Phone Number	

Other Information: *(Space for additional user information or other information that would assist in the creation of SBCS account/profile)*