

**STATE OF MARYLAND**  
**Department of Information Technology**  
**Telecommunications Requests**  
**Mandatory Data Elements for Agencies NOT Utilizing ADPICS**  
**Mandatory Data Elements/Contingency Form: On-line System Failure**

*All off-line Telecommunications submissions for agencies not utilizing ADPICS ( interfacing agencies with R\*STARS ) after January 1999, will be required to send the following Mandatory Data Elements to the Department of Information Technology, Telecommunications Division, 301 W. Preston Street, Room 1304, Baltimore, Maryland 21201. When a Telecommunication Request data is coded in ADPICS by the Telecommunications Division, a mandatory administrative charge will be assessed. This fee will be determined solely by the Telecommunications Division. Individuals having questions regarding Telecom fees or policy issues should contact customer relations at 410-767-4200 or by fax at 410-333-5163.*

**Data Requirements**

**All requested actions will have a unique Control Number generated through FMIS. The ADPICS Department & Document numbering scheme will need to be created on a case by case basis by FMIS until all off-line agencies have been defined in ADPICS.**

**1. Document Type** ( see separate listing of ADPICS Telecom requisition document types )

Specify: \_\_\_\_\_

**2. Requested Completion Date**

Specify: \_\_\_\_\_

**3. Fiscal Effective Date**

Specify: \_\_\_\_\_

**4. Agency Department Number** ( ADPICS Department & Document numbering scheme may need to be created on a case by case basis by FMIS until all off-line agencies have been defined in ADPICS).

Specify: \_\_\_\_\_

**5. Agency Fee -Accounting Information** (a mandatory administrative charge will be assessed by DoIT, Telecom.)

Specify:

- **Agency:** \_\_\_\_ (three characters, generally alpha numeric, such as N00)
- **APPN Year:** \_\_\_\_ (two digit appropriation year)
- **Amount of Charge:** \_\_\_\_\_
- **Index:** \_\_\_\_
- **PCA:** \_\_\_\_ (program cost account)
- **COBJ:** \_\_\_\_ (comptroller object) **or AOBJ:** \_\_\_\_ (agency object)

**6. Agency Address**

Specify: \_\_\_\_\_

**7. Order Contact Person**

Specify: \_\_\_\_\_

**8. Contact Telephone Number**

Specify: \_\_\_\_\_

**9. Telecommunications Statewide Blanket Purchase Order** (see separate listing of DoIT Statewide Contracts & associated commodities)

Specify: \_\_\_\_\_

**10. Commodity Code(s) needed** (see separate listing of DoIT Statewide Contracts & associated commodities)

Specify:

- Quantity:
- BPO Line Number:
- Purchase Unit of Measure:
- Unit Cost:
- Estimated Total Cost:

**11. Recommended Vendor** (see separate listing of DoIT Statewide Contracts & associated commodities)

Specify: \_\_\_\_\_

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**12. Vendor Account Number**

Specify:

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**13. Bill to Name**

Specify:

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**14. Bill to Address**

Specify:

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**15. Master Accounting Information**

Specify:

- **Agency:** \_\_\_\_\_ (three characters, generally alpha numeric, such as N00)
  - **APPN Year:** \_\_\_\_\_ (two digit appropriation year)
  - **Index:** \_\_\_\_\_
  - **PCA:** \_\_\_\_\_ (program cost account)
  - **COBJ:** \_\_\_\_\_ (comptroller object) **or AOBJ:** \_\_\_\_\_ (agency object)
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**16. Brief Reason for Request and / or Remarks**

Specify:

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**17. Location**

Specify:

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**18. Location Contact Person (on-site):**

Specify:

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**19. Location Telephone Number:**

Specify:

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**20. Location Billing Number**

Specify:

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**21. Centrex Account Code:**

Specify:

BAC: \_\_\_\_\_

Location Group: \_\_\_\_\_

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**Details of Service Requested:**

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**22. Authorized Agency Representative Signature(s):**

Specify:

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*For Official Use Only by the Department of Information Technology, Telecommunications Division*

- **ADPICS Requisition Number:** \_\_\_\_\_
- **ADPICS Purchase Order Number:** \_\_\_\_\_
- **ADPICS BPO Number:** \_\_\_\_\_
- **Amount of Fee Charged:** \_\_\_\_\_
- **R\*STARS Invoice Number:** \_\_\_\_\_
- **Telecom Employee Name:** \_\_\_\_\_
- **Date Completed:** \_\_\_\_\_