

SERVICE REQUEST

USE THIS FORM TO REQUEST ISD SERVICES

REQUESTER MUST COMPLETE BOXES 2 THROUGH 31, UNLESS BOX HAS AN ASTERISK - THESE BOXES ARE OPTIONAL

FOR ISD USE ONLY
(1) MAIN/SUB ACCOUNT NO.
SERVICE REQUEST NO.
FOR ISD FINANCE USE ONLY
DATE RECEIVED BY FINANCE:
RECEIVED BY (INITIALS):
SCANNED DATE: INITIALS:

AOTERIOR THE	OL DOAL	O AIL OF HONA	_											
(2) REQUEST DATE (3) SERVICE REQUEST INDICATOR (4)				COMPLETES (4) FISCAL YEAR	THIS PORTION OF FORM (PRINT OR TYPE) (5) REQUESTER ORGANIZATION NAME (MAXIMUM 25 CHARACTERS)									
	□ NEW	REVISION CA	ANCEL	/										
(6) ORG CODE (5 DIG	ITS)	(7) BILLING INDICAT	OR (8) MAIN ACCT. NO).	(9) SUB ACCOUN	NO TI			MAPS CODE		(11) AUTHORIZED AMOUNT *		
		(1 DIGIT ALPHA)		(5 DIGITS)		(5 DIGITS)			(;	3 CHARACTERS	S)	\$		
(12) ACCOUNT DESC	RIPTION/JOE	I B TITLE (MAXIMUM 25 (CHARACTE	ERS)						(13) REQUES	T FOR SU	I JB MAPS (Check One) *		
(,											T EVIST	ING CHANGE		
(14) GASB 51 * (code 99) (4E) C	SUB MAPS (4 DIGITS) *		(46) CUD MADO D	CCCDIDTI	ON (MAXIMUM 12	CLIAD	ACTEDO)	*) AUTHORIZED AMOUNT FOR		
(14) GASB 51 (code 9)	951) (15) 3	006 MAPS (4 DIGITS)		(16) SUB MAPS D	JESCKIP II	ON (MAXIMUM 12	CHAR	ACTERS)			\$	SUB MAPS ONLY		
(18) JOB LOCATION									(19) RE	QUIRED COMP	LETION D	ATE *		
(10) 500 200 1101														
(20) REQUESTER NAM	ME			((21) REQUESTER TELEPHONE NO.				(22) REQUESTER EMAIL ADDRESS					
(23) CONTACT NAME				((24) CONT	ACT TELEPHONE I	NO.		(25) CC	NTACT EMAIL	ADDRESS	3		
(26) FISCAL CONTACT	T NAME			- 1	(27) FISCAL CONTACT TELEP			ONE NO (28) FISCAL C			CONTACT EMAIL ADDRESS			
		service request upon for	m processir						(-), (-), (-), (-), (-), (-), (-), (-),					
				(29) COM	IMENTS/SI	PECIAL INSTRUCT	IONS	*						
NOT TO EXCEED (Must complete Box 11)					omplete Box 11)			(ISD ONLY) EXPENDITURE DISTRIBUTION						
(30) SIGNATURE / AUTHORIZED REPRESENTATIVE (may be typed & initialed)						(31) [ATE			REQUES	TOR RFT	AIN COPY FORWARD ORIGINAL		
												PROVIDER		
		FOR IS	SD SER	RVICE USE	ONLY	* DENOTI	ES (OPTIC	NAL	FIELDS				
(32) DATE RECEIVED	(33) SERVICE PROJECT N	MANAGER'S	S NAME		RVICE PROJECT N LEPHONE NO.					T MANAG	SER'S EMAIL ADDRESS		
(36) SERVICE PROVID	DER ORGINI	UMBER (5 Digits)	(37)	ESTIMATED COM	PLETION I	DATE *		(38) BIS	S NO *			(39) ESTIMATE NO. *		
(30) SERVICE I ROVIE	JER ORON	OMBER (3 Digita)	(57)	ESTIMATED COM	LETION	5A12		(30) Dic	110.			(55) ESTIMATE NO.		
				EXPEN	NDITUE	E DISTRIBU	TIO	V						
(40) EXPENDITURE D	ISTRIBUTION	ACCOUNT NO.	(41)	MAPS CODE		UB MAPS CODE *			TATUS (I	MANDATORY)	(44) LE	AD ORG (MANDATORY) (5 DIGITS)		
(10 CHARACTERS	5)		(3 C	HARACTERS)	(4	CHARACTERS)								
P-														
	Γ NO. (10 CH	ARACTERS)	(46)	MAPS CODE	(47) S	UB MAPS CODE *	(48) ACCT S	TATUS (I	MANDATORY)	(49) LF	AD ORG (MANDATORY) (5 DIGITS)		
(45) FIXED ACCOUNT NO. (10 CHARACTERS) (46) MAPS CODE (3 CHARACTERS)					, ,	(4 CHARACTERS)			(, , , , , , , , , , , , , , , , , , ,					
F-			,,,	,	(/								
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Instructions for completing the ISD Service Request form



CUSTOMER INSTRUCTIONS (Fields 2 - 31)

Field 2.	Mandatory.	Enter the date that the SR is forwarded to ISD.
Field 3.	Mandatory.	Enter a check (x) mark indicating if SR is new, a revision or cancellation.
Field 4.	Mandatory.	Enter the Fiscal Year during which services are to be provided.
Field 5.	Mandatory.	Enter the name of the requestor's organization.
Field 6.	Mandatory.	Enter the 5 digit CAPS Org. Code.
Field 7.	Mandatory.	Enter the account number's Billing Indicator (A for regular account, B for capital project)
Field 8.	Mandatory.	Enter the five (5) digit main account number, which consists of the CAPS Org Code.
Field 9.	Mandatory.	Enter a five (5) digit sub account number
Field 10.	Mandatory.	Enter the three (3) character code of the Major Activity, Project or Service for which SR has been initiated.
Field 11.	Optional.	Enter the authorized amount to be assigned to the account.
Field 12.	Mandatory.	Enter a description of the account and/or services requested.
Field 13.	Optional.	Enter a check (x) mark to indicate if the request is for a new sub maps or a change to an existing one.
Field 14.	Optional.	If GASB 51 Reportable use Code 9951.
Field 15.	Optional.	Enter a four (4) digit code (0001 through 9999) to assign a sub maps.
Field 16.	Optional.	Enter a description for the new sub maps code.
Field 17.	Mandatory.	Enter the authorized amount to be assigned to the sub maps.
Field 18.	Mandatory.	(When services are provided in customer facility). Enter address and room number.
Field 19.	Optional.	Enter date by which services are to be completed. If date is not known, enter TBD.
Field 20.	Mandatory.	Enter name of authorized requestor (Last Name, First Name).
Field 21.	Mandatory.	Enter requestor's telephone number (Area Code & Number).
Field 22.	Mandatory.	Enter requestor's email address.
Field 23.	Mandatory.	Enter name of contact person (Last Name, First Name), if different from requestor.
Field 24.	Mandatory.	Enter contact person's telephone number, if different from requestor.
Field 25.	Mandatory.	Enter contact person's email address.
Field 26.	Mandatory.	Enter name of the fiscal contact (Last Name, First Name), or person to be emailed a copy of the service request upon processing.
Field 27.	Mandatory.	Enter the fiscal contact's telephone number.
Field 28.	Mandatory.	Enter the fiscal contact's email address.
Field 29.	Optional.	Enter any special comments/instructions regarding requested services.
Field 30.	Mandatory.	Enter signature of authorized requestor (or type name and initial).
Field 31.	Mandatory.	Enter date of authorized requestor's signature.

ROUTING INSTRUCTIONS AND OTHER SERVICE REQUESTS

Operation Services (OPS): Email completed service request form to CustomerCenterOPS@isd.lacounty.gov. Visit https://isd.lacounty.gov/services/operations-service/.

Purchasing & Contract Services (PCS): Visit https://isd.lacounty.gov/services/purchasing-and-contracts-services/ for PCS service request and instructions.

Instructions for completing the ISD Service Request form PDF



ISD's Service Request form may be filled out online using FREE Adobe Reader software you can download onto your computer. This guide provides you with instructions for completing, printing, and saving PDF forms.

Before you begin

Make sure you have the latest version of Adobe Acrobat Reader installed on your computer. If you don't have the software or need to upgrade to the latest version click the link below:

http://get.adobe.com/reader/?promoid=IZEFU

Once you have successfully installed your Adobe Reader software, you are ready to begin filling out your form.

Opening and Saving the form

Your web browser will automatically open the form in Acrobat Reader when you click on it. To save the form and the data you have entered at any time, choose File-->Save As-->PDF from the Reader menu and type in the name you want to save the form under. You should select File-->Save periodically to save the data you have entered while completing the form.

Filling out the form

You will see the form fields highlighted. If the fields are not highlighted, click on the Highlight Existing Fields button in the upper right corner of the window.

1. Position your cursor over a field and click.

The I-beam pointer allows you to type text in the field. If a field has a pull-down menu of selections, simply click on the black triangle to see the menu and make your selection. If a field has a button or check box, your cursor will change to an arrow when you hover over the field, allowing you to click on your selection.

Some fields may require data in a specific format, such as a date you must enter as mm-dd-yyyy (month-day-year). You may receive an error message if you attempt to enter incorrect data into a field.

If you place your cursor over a field without clicking, you will see instructions for what should be entered into the field.

2. Accept your data and go to the next field

After you have finished entering data into a field, you can either **press the TAB key** to go to the next field or **move your cursor and click** on the next field.

Pressing the ENTER or RETURN key, will accept the data and deselect the field. If you are in a multi-line field, ENTER or RETURN goes to the next line in the same field.

Pressing ESCAPE while you are entering data in a field will clear the data you have entered and deselect the field.

Saving your data.

Select File-->Save As-->PDF to save the data you have entered into the form. You can enter a new name for your filled-out form.

Printing your form.

Select File-->Print to print the filled-out form.

Sending your form.

To send a completed form, first make sure you save the form with your completed data. Then simply add your saved PDF form as an attachment to your email.