



INTERNAL SERVICES
DEPARTMENT
COUNTY OF LOS ANGELES

SERVICE REQUEST

USE THIS FORM TO REQUEST ISD SERVICES

REQUESTOR 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): _____

Please indicate (NOTE - NO SELECTION AUTOMATICALLY DEFAULTS TO "1"):

1 - ACCOUNT IS OPEN

2 - ACCOUNT IS PENDING CLOSURE

3 - ACCOUNT IS CLOSED

4 - ACCOUNT IS OPEN CURR FY - CLOSED NEXT FY

5 - ACCOUNT IS CLOSED CURR FY - OPEN NEXT FY

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

(2) REQUEST DATE	(3) SERVICE REQUEST INDICATOR (Check One) NEW <input type="checkbox"/> REVISION <input type="checkbox"/> CANCEL	(4) FISCAL YEAR	(5) REQUESTER ORGANIZATION NAME (MAXIMUM 25 CHARACTERS)		
(6) ORG CODE (5 DIGITS)	(7) BILLING INDICATOR (1 DIGIT ALPHA)	(8) MAIN ACCT. NO. (5 DIGITS)	(9) SUB ACCOUNT NO. (5 DIGITS)	(10) MAPS CODE (3 DIGITS)	(11) AUTHORIZED AMOUNT * \$

(12) ACCOUNT DESCRIPTION/JOB TITLE (MAXIMUM 25 CHARACTERS)			(13) REQUEST FOR SUB MAPS (Check One) * <input type="checkbox"/> NEW <input type="checkbox"/> EXISTING <input type="checkbox"/> CHANGE		
(14) GASB 51 * (code 9951)	(15) SUB MAPS (4 DIGITS) *	(16) SUB MAPS DESCRIPTION (MAXIMUM 12 CHARACTERS) *			(17) AUTHORIZED AMOUNT FOR SUB MAPS ONLY \$

(18) JOB LOCATION		(19) REQUIRED COMPLETION DATE *	
(20) REQUESTER NAME		(21) REQUESTER TELEPHONE NO.	(22) REQUESTER EMAIL ADDRESS
(23) CONTACT NAME		(24) CONTACT TELEPHONE NO.	(25) CONTACT EMAIL ADDRESS
(26) FISCAL CONTACT NAME (Person to be emailed a copy of the service request upon form processing).		(27) FISCAL CONTACT TELEPHONE NO. ()	(28) FISCAL CONTACT EMAIL ADDRESS

(29) COMMENTS/SPECIAL INSTRUCTIONS/ISD SERVICE PROVIDER CONTACT NAME

<input type="checkbox"/> NOT TO EXCEED (Must complete Box 11)	<input type="checkbox"/> FIXED FEE (Must complete Box 11)	<input type="checkbox"/> (ISD ONLY) EXPENDITURE DISTRIBUTION
(30) SIGNATURE / AUTHORIZED REPRESENTATIVE (may be typed & initialed)		(31) DATE
		REQUESTOR RETAIN COPY FORWARD ORIGINAL TO ISD SERVICE PROVIDER

FOR ISD SERVICE USE ONLY * DENOTES OPTIONAL FIELDS NOTE TO CUSTOMER: ISD CONTACT PERSON FOR SR STATUS

(32) DATE RECEIVED	(33) SERVICE PROJECT MANAGER'S NAME	(34) SERVICE PROJECT MGR'S TELEPHONE NO. ()	(35) SERVICE PROJECT MANAGER'S EMAIL ADDRESS	
(36) SERVICE PROVIDER ORG NUMBER (5 Digits)		(37) ESTIMATED COMPLETION DATE *	(38) BIS NO. *	(39) ESTIMATE NO. *

EXPENDITURE DISTRIBUTION

(40) EXPENDITURE DISTRIBUTION ACCOUNT NO. (10 Digits) P- _____ - _____	(41) MAPS CODE (3 DIGITS) _____	(42) SUB MAPS CODE * (4 DIGITS) _____	(43) ACCT STATUS (MANDATORY)	(44) LEAD ORG (MANDATORY) (5 DIGITS) _____
(45) FIXED ACCOUNT NO. (10 Digits) F- _____ - _____	(46) MAPS CODE (3 DIGITS) _____	(47) SUB MAPS CODE * (4 DIGITS) _____	(48) ACCT STATUS (MANDATORY)	(49) LEAD ORG (MANDATORY) (5 DIGITS) _____

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. | Mandatory. Enter any special comments/instructions/ISD service provider contact name 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/>.

Information Technology Services (ITS): Visit <https://isd.lacounty.gov/services/information-technology-services/> for ITS eService Portal.

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=JZEFU>

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.