



Request for LDH Zoom Conferencing Services

(Form to be completed by the agency telecommunication coordinator)

AT&T charges monthly for zoom conferencing service. Since lines are established for individual users, agency telecommunication coordinators should request account(s) be canceled as soon as a user leaves the department/agency. The LDH TC can assist you with any questions or concerns.

Telecommunication Coordinator (TC) Name: _____ Phone Number: _____

Telecommunication Liaison (TL) Name: _____ Phone Number: _____

Bill Payer: _____ Phone number: _____

Billing Address: _____

REQUESTOR INFORMATION:

EXISTING ZOOM ACCOUNT NUMBER: _____ NEW AGENCY/SECTION ACCT.

LDH Agency Name: _____ Agency Section/Division Name: _____

LAGOV Cost Center Number to be charged: _____

New Zoom Paid Pro License Name: (REQUIRED) _____

New Zoom Paid Pro License Phone Number: (REQUIRED) _____

New Zoom Paid Pro License Email: (REQUIRED) _____

ACCOUNT SPECIFIC INFORMATION

Zoom License Size (# of participants): 300 (\$16.23 monthly)
(Select one)

500 (\$83.60 monthly)

Call-me Feature Add-on Yes (NO CHARGE)

- Webinar User Add-on (# of participants):** **100** (\$18.70 monthly)
(Select one)
- 500** (\$55.00 monthly)
- 1000** (\$110.00 monthly)

ACCOUNT HOLDER ATTESTATION

I _____, attest to the all of the above information provided to me on this request form and shall notify my agency TC when my AT&T Zoom Conferencing account should be cancelled/suspended.

New Zoom Account Holder Signature _____

Date: _____

****WHEN REQUESTING A PAID PRO ACCOUNT – IF YOU HAVE A FREE ZOOM ACCOUNT WITH @LA.GOV EMAIL YOU MUST DEACTIVATE**

NEW ACCOUNT REQUEST ROUTING APPROVALS (ALL BOXES MUST BE SIGNED/DATED)

	Signature	Date
Approval of Requesting Employee: Agency/Section Director		
Approval of Requesting Employee: Agency Fiscal/Budget Officer		
Approval of Requesting Employee: Assistant Secretary, Medicaid Director, Board/Commission/LGE Executive Director		

LDH TC Office Use Only	
Completed By:	On:
Name of ATT Rep Who Placed Order:	
Comments/Notes:	

**Please email a scanned copy of completed form to the
 LDH Telecommunications Coordinator (225) 342-5702**