



# Request for LDH Zoom Conferencing Services

(Form to be completed by the agency telecommunication coordinator)

LUMEN 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 & Personnel #: (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 (\$11.88 monthly)

(Select one)

CALL ME FEATURE INCLUDED

500 (\$47.25 monthly)

Webinar User Add-on (# of participants):  500 (\$71.10 monthly)

(OPTIONAL)  1000 (\$187.50 monthly)

Employee: \_\_\_\_\_

**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 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)**

	<b>Signature</b>	<b>Date</b>
<b>Approval of Requesting Employee: Agency/Section <u>Direct Supervisor</u></b>		
<b>Approval of Requesting Employee: Agency Fiscal/<u>Budget Officer</u></b>		
<b>Approval of Requesting Employee: <u>Assistant Secretary, Medicaid Director or Division Director, Board/Commission/LGE Executive Director</u></b>		

<b>LDH TC Office Use Only</b>	
Completed By:	On:
Comments/Notes:	

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