



# 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):**      **500**     (\$55.00 monthly)  
 **1000**     (\$110.00 monthly)

(Select one)

**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)**

|                                                                                                                                     | <b>Signature</b> | <b>Date</b> |
|-------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|
| <b>Approval of Requesting Employee:<br/>Agency/Section Director</b>                                                                 |                  |             |
| <b>Approval of Requesting Employee:<br/>Agency Fiscal/Budget Officer</b>                                                            |                  |             |
| <b>Approval of Requesting Employee:<br/>Assistant Secretary, Medicaid Director,<br/>Board/Commission/LGE Executive<br/>Director</b> |                  |             |

| <b>LDH TC Office Use Only</b>            |            |
|------------------------------------------|------------|
| <b>Completed By:</b>                     | <b>On:</b> |
| <b>Name of ATT Rep Who Placed Order:</b> |            |
| <b>Comments/Notes:</b>                   |            |

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