



Office of Information Technology Services DTaaS Advanced Exchange Request Form

Requestor Information			
Requesting Supervisor			
<i>Last</i>	<i>First</i>	<i>Phone Number</i>	
<i>Date</i>	<i>Agency Name</i>		
User Information			
Users Name			
<i>*Last</i>	<i>*First</i>	<i>Billing Code</i>	<i>*Position Profile(OITS Use Only)</i>
Device Information			
Type of Device:			
*Asset #:			
*Serial #:			
*Order Date: (located on sticker)			
*Shipping Information (Individual receiving the return box/label)			
*Reason for Exchange			
*Requesting Device Imaged			
Yes	No		
Signature			
Requesting Authority or Division Director			
	<i>Please provide signature or type in the name and send from requesting authority's email box.</i>		<i>Date</i>
Send completed and authorized request to: EBITSM@ks.gov			