

Louisiana Office of Technology Services IWAY Quote Request Form (NS-47)

Vendor

Select Vendor Non-Contracted Vendor (Specify) _____ Quote Expiration _____

General Information

OTS-NS Ticket # _____ Agency/Department _____

Telecommunications Coordinator _____

Requested By _____

Phone Number _____ Email Address _____

Site Information

Street Address _____ Floor/Room/Suite _____

City _____ ZIP Code _____

On site Contact _____ Contact Number _____ Email Address _____

Service Requested

Speed

- Asymmetric _____ *Enter a range to have vendor(s) provide multiple options
- Symmetric _____

Select Handoff Type

- Vendor-Managed Router *Agencies whose equipment/services are managed by OTS should not select Managed Router/Firewall services
- Vendor-Managed Firewall
- Static IP Addresses required Quantity: _____

Desired Installation Date _____

Vendor Response (For Vendor Use Only)

Service Options		Monthly Fees			One Time Fee
Download Speed	Upload Speed	Bandwidth	Managed Router	Managed Firewall	Installation

Attach additional sheets if more speeds are needed.