

Calling Card Request Form

User's Name _____

User's Department _____

Department Number _____

Calling Card Number _____

The number on the Calling Card is identified with your agency and department. Your calls will be identified by this number and your agency or department will be billed the cost of each call.

I authorize the use of this calling card and the chargeback to the above department

(Department Head)

(Date)

PLEASE FILL OUT THIS FORM AND SEND IT TO TELECOMMUNICATIONS