

COMMUNICATION SERVICE AUTHORIZATION

1. AUTHORIZATION		2. AUTHORIZATION		3. CIRCUIT OR BILL NUMBER	
a. NUMBER	b. DATE (YYMMDD)	a. NUMBER	b. DATE (YYMMDD)		
4. FROM <i>(Include ZIP Code)</i>			5. SUBMIT BILLS FOR CERTIFICATION TO <i>(Include ZIP Code)</i>		
6. TO <i>(Communications Company)</i>			7. TELEPHONE NUMBER TO CONTACT FOR DETAILS <i>(Include Area Code)</i>		
a. COMPANY NAME			8. AUTHORIZATION. In accordance with provisions of the contract indicated above of which this authorization forms a part, authority is hereby given to Communications Company indicated in Item 6 to		
b. ADDRESS (1) STREET					
(2) CITY	(3) STATE	(4) ZIP CODE			
9. SERVICE(S)					
DESCRIPTION a.		NUMBER b.	NON-RECURRING CHARGE c.	d. RATE PER MONTH	
				PER UNIT (1)	TOTAL (2)
10. DISBURSING OFFICER MAKING PAYMENT			11. DISTRIBUTION		
a. NAME <i>(Last, First, Middle Initial)</i>		b. GRADE			
12. AUTHORIZING OFFICIAL					
a. SIGNATURE					
b. TITLE		c. GRADE			
13. ACCEPTANCE					
a. NAME OF CONTRACTING FIRM		b. SIGNATURE OF CONTRACTOR'S REPRESENTATIVE			c. DATE SIGNED (YYMMDD)