

COMMUNICATION SERVICE AUTHORIZATION

1. AUTHORIZATION		2. AUTHORIZATION		3. CIRCUIT OR BILL NUMBER	
a. NUMBER	b. DATE (YYYYMMDD)	a. NUMBER	b. DATE (YYYYMMDD)		
4. FROM (Include ZIP Code)			5. SUBMIT BILLS FOR CERTIFICATION TO (Include ZIP Code)		
6. TO (Communications Company)			7. TELEPHONE NUMBER TO CONTACT FOR DETAILS (Include Area Code)		
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		
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 (Last, First, Middle Initial)		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 (YYYYMMDD)	