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 to establish or perform services for official use as prescribed below at:
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)*