



UNIVERSITY OF WISCONSIN-MADISON
DIVISION OF INFORMATION TECHNOLOGY

Telecommunication Authorization Request

Person who will receive invoices or place orders:

Name _____ Phone _____ Email _____

Person making this request:

Name _____ Phone _____ Email _____

Complete funding numbers to be: added _____ deleted _____ (Please indicate which)

(Example 1: Fund: 144 Project: PRJ- 5968 UDDS: A-193545 Program: 4)

(Example 2: Fund: 144 Project: 144-MB85 UDDS: A-482000 Program: 4)

Requesting authorization to:

Fund _ _ Project _ _ - _ _ _ UDDS _ - _ _ _ _ Program _ View Invoice _____ Place Orders _____

Fund _ _ Project _ _ - _ _ _ UDDS _ - _ _ _ _ Program _ View Invoice _____ Place Orders _____

Fund _ _ Project _ _ - _ _ _ UDDS _ - _ _ _ _ Program _ View Invoice _____ Place Orders _____

Fund _ _ Project _ _ - _ _ _ UDDS _ - _ _ _ _ Program _ View Invoice _____ Place Orders _____

Fund _ _ Project _ _ - _ _ _ UDDS _ - _ _ _ _ Program _ View Invoice _____ Place Orders _____

Fund _ _ Project _ _ - _ _ _ UDDS _ - _ _ _ _ Program _ View Invoice _____ Place Orders _____

Fund _ _ Project _ _ - _ _ _ UDDS _ - _ _ _ _ Program _ View Invoice _____ Place Orders _____

By signing below, you grant or revoke authorization for the above named person to receive and view telephone usage and billing information for the accounting numbers above.

x _____
Chair, Dean or Director Date

For questions, call 262-5544

Send completed form to: DoIT Voice Services, B122 Computer Sciences, 1210 W. Dayton St.

Or

Fax completed form to 265-6767