



UNIVERSITY OF WISCONSIN-MADISON
DIVISION OF INFORMATION TECHNOLOGY

Telecommunication Authorization Request

Fill out form online and then print for signature.

Person who will receive Telephone Activity Report (TAR) invoices or place telephone 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)

Fund _____ Project _____ - _____ UDDS _____ - _____ Program _____

Requesting authorization to:
View TAR _____ Place Telephone
Invoice _____ Orders _____

Fund _____ Project _____ - _____ UDDS _____ - _____ Program _____

Requesting authorization to:
View TAR _____ Place Telephone
Invoice _____ Orders _____

Fund _____ Project _____ - _____ UDDS _____ - _____ Program _____

Requesting authorization to:
View TAR _____ Place Telephone
Invoice _____ Orders _____

Fund _____ Project _____ - _____ UDDS _____ - _____ Program _____

Requesting authorization to:
View TAR _____ Place Telephone
Invoice _____ Orders _____

Fund _____ Project _____ - _____ UDDS _____ - _____ Program _____

Requesting authorization to:
View TAR _____ Place Telephone
Invoice _____ Orders _____

Fund _____ Project _____ - _____ UDDS _____ - _____ Program _____

Requesting authorization to:
View TAR _____ Place Telephone
Invoice _____ Orders _____

Fund _____ Project _____ - _____ UDDS _____ - _____ Program _____

Requesting authorization to:
View TAR _____ Place Telephone
Invoice _____ 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