COMMUNICATION SERVICE AUTHORIZATION							
1. AUTHORIZATION		2. AUTHORIZATION		3. CIRCUIT OR BILL NUMBER			
a. NUMBER	b. DATE (YYYYMMDD)	a. NUMBER	ION	b. DATE (YYYYMMDD)	3. CINCOTT ON B	LE NOMBEN	
4. FROM (Include ZIP Code)			5. SUBMIT	BILLS FOR CERTIFIC	L ATION TO (Include Z	(IP Code)	
6. TO (Communications Company)			7. TELEPHONE NUMBER TO CONTACT FOR DETAILS				
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)	l	l					
				NON-RECURRING	d. RATE PER MONTH		
DESCRIPTION a.			NUMBER b.	CHARGE c.	PER UNIT (1)	TOTAL (2)	
10. DISBURSING OFFICER MA	KING PAYMENT		11. DISTRIE	BUTION			
a. NAME (Last, First, Middle Initial) b. GRADE							
40 411011000000000000000000000000000000							
a. SIGNATURE							
b. TITLE		c. GRADE					
13. ACCEPTANCE		ı	1				
a. NAME OF CONTRACTING FIRM	b. SIGNATURE OF CONTRACTOR'S REPRESENTATIVE				c. DATE SIGNED (YYYYMMDD)		