

624 N Marine Corps Dr., Tamuning, GU 96913 Phone 671.644.1000 Fax 671.644.4776

Fax 671.644.0103 Email: leah@gta.net WORK ORDER REQUEST DATE SUBMITTED

AMOUNT ENCUMBERED

| UOG | |
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| WORK ORDER REQUEST | | | | | | |
|---|------------------------------------|-----------------------|--------------------------|--------------------|--|--|
| Requested By: | | | | | | |
| Division/Department | Authorized by: (Print Name & Title | e) Signature of Appro | oval Date | Contact Number | | |
| Diane Cruz, WPSII | | | | | | |
| Facilities & Utilities Division | Approved by: (Print Name & Title) | Signature of Appro | oval Date | UOG Account Number | | |
| Certifying Officer | Approved by: (Print Name & Title) | Signature of Appro | oval Date | | | |
| Comptroller | Approved by: (Print Name & Title) | Signature of Appro | | | | |
| TYPE OF SERVICES REQUESTED | | | | | | |
| New Installation | Inside Move | Change Equipment | Additional Features | | | |
| Relocation | Programming | New Instruments | Others | | | |
| ONE TIME CHARGES Federal & Local Taxes applied where applicable and may not be included in the amount provided below | | | | | | |
| New Installation \$98. (see monthly charges below) | | | Additional Fea | | | |
| Relocation \$62.40 | New Instrume | nts | Others | (Quote Required) | | |
| Inside Move \$36.40 | M5316 Exe | e Model \$275 | | | | |
| Programming \$65.00 | M5112 Dig | g Phone \$112 | | | | |
| | 9116 Singl | e Line \$70 | | | | |
| | 9120 2 Lin | es \$120 | | | | |
| MONTHLY RECURRING CHARGES | | | | | | |
| Federal & Local Taxes applied where applicable and may not be included in the amount provided below | | | | | | |
| Basic single Multi-Line | \$ 22.00 | Meridian Cent | trex Group | \$ 15.60 | | |
| Simple Inside Wire Maintenar | nce \$ 3.00 | Simple Inside | Wire Maintenance | \$ 3.00 | | |
| Surcharges | | Surcharges | | | | |
| Subscriber Line Charges | \$ 9.20 | | · · | \$ 9.20 | | |
| Universal Service Charge | /911* \$ 3.08 | Universa | I Service Charge / 911 * | \$ 3.08 | | |
| ARC (Multi Line) | \$ 3.00 | LNP End | • | \$ _3.00 | | |
| Estimated Total | \$ 40.28 | Estimated Tot | al | \$ 31.00 | | |
| *Rates are subject to change at anytime in accordance with USC regulated charges | | | | | | |
| PHYSICAL ADDRESS & POINT OF CONTACT TO DELIVER SERVICES | | | | | | |
| Physical Address to deliver Servi | ices | | Point of Contact | | | |
| Department Bldg. | Name Room No. Floor | Street Name | Name of Point of Contact | Telephone Number | | |
| Brief Summary – Work Description | | | | | | |
| Should there be any services not on this form, please contact the following for a price quotation | | | | | | |
| Leah D. S Superales | | | | | | |
| Account Manager Direct 671.644.0132 | | | | | | |
| Mobile 671.487.2596 | | | | | | |