Prescribed by: DFARS 239.7407-2;

COMMUNICATION SERVICE AUTHORIZATION						
1. AUTHORIZATION 2. AUTHORIZATIO			ON		3. CIRCUIT OR	BILL NUMBER
a. NUMBER	b. DATE (YYYYMMDD)	a. NUMBER	b. DATE (YYYYMMDD)			
4. FROM (Include ZIP Code)	1	L	5. SUBMIT	BILLS FOR CERTIFICA	TION TO (Include ZIP	Code)
6 TO (Communications Common)						
6. TO (Communications Company) a. COMPANY NAME			7. TELEPHONE NUMBER TO CONTACT FOR DETAILS (Include Area Code) 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)		1				
					d. RATE P	PER MONTH
DESCRIPTION a.			NUMBER b.	NON-RECURRING CHARGE c.	PER UNIT (1)	TOTAL (2)
10. DISBURSING OFFICER MAKING PAYMENT			11. DISTRIE			1
a. NAME (Last, First, Middle Initial)	b. GRADE					
12. AUTHORIZING OFFICIAL		I	-			
a. SIGNATURE						
b. TITLE		c. GRADE	_			
13. ACCEPTANCE						
a. NAME OF CONTRACTING FIRM b. SIGNATURE OF C				CONTRACTOR'S REPRESENTATIVE		