

CALLING CARD REQUEST FORM
ACC EMPLOYEES

All items must be completed

Date: _____

Employee Name: _____

Budget Authority Name: _____

Department / Campus: _____

Account Number (Subcode 6565): _____

ACC Phone Number: _____

Employee Signature

Budget Authority Signature

Note:

Cards will be distributed via intercampus mail. Card must be relinquished upon termination of employment.

Cards are only to be used for making long-distance, business related calls from non-ACC phones. Personal calls are prohibited! The ACC calling card should **not** be used to make calls from an ACC phone.

TELECOM USE ONLY: _____

Return completed forms to: TELECOM/, fax 223-1212