

DNST Billing Authorization Form

IC/Branch/Section:			Date:
IC Point of Contact:			Phone:
DNST Project Officer:			Phone:
Delpro No.:	Remedy Ticket No.:	DNST Code #:	ASF Project#:
Description of work needed:			

Cost Estimate for:	CIT Fee for Service	CAN (PRs)	BAC (WITS, FTS)	TOTAL
Cabling Services	\$	\$	\$	\$
Telephone Services	\$	\$	\$	\$
Video Bridging	\$	\$	\$	\$
Web Casting	\$	\$	\$	\$
2 Way Radios	\$	\$	\$	\$
104 Pagers	\$	\$	\$	\$
Email List Services	\$	\$	\$	\$
Network Services	\$	\$	\$	\$
Security Services	\$	\$	\$	\$
Total	\$	\$	\$	\$

Indicate CIT Account Number (i.e., YJW1): used to bill customer through CIMS. (NOTE: If a CIT account number is not indicated, one will be created for you.)	
Indicate CAN (Common Account Number) used for Purchase Requests, etc:	
Indicate BAC (Billing Account Code) used for telephone equipment, cabling, etc under the WITs, or FTS 2001 contract.	

Please sign this form and FAX it back to DNST:

IC Authorizing Official's Signature	Date
DNST Section Chief's Signature	Date
DNST Branch Chief's Signature	Date
DNST Division Director's Signature	Date