

Authorization for Voice Services Billing

RESEARCH FUNDS ONLY

Type of Request

☐

New

☐

Change

First Name _____ Employee No. _____
Last Name _____ E-Mail Address _____
Department _____ Extension (if available) _____
Campus Address: _____

Type of Service Requested:

☐ Telephone Rental (Acct 713000)

☐ Long Distance (Acct 712000) Type of Long Distance Billing: ☐ Direct Long Distance Billing ☐ Phone Card Billing

Please Note: Costs associated with telephone rentals are generally not eligible on Research grants and/or contracts unless specifically addressed in the approved budget for the grant/contract. If you request that both the telephone rental and the long distance charges be billed to your grant/contract, and the telephone rental component is determined by Research Financial Services to be ineligible, you may be contacted for alternative arrangements.

Billing Information:

Fund Orgn Acct Prog Actv (opt) Title of Grant/Fund

User Declaration:

End Date

I understand that I am responsible for ensuring that the calls made through this billing will be solely for activities relating to the above mentioned research grant.

Signature of User

Date

Funding Authorization:

I understand that I am responsible for ensuring that these charges are eligible on the above noted research grant or contract, and that these charges will continue to be expensed against the grant noted above until a change request is received by Voice Services, or the grant is terminated. I also understand that if the expense is determined ineligible, Research Financial Services may contact me to provide alternate funding arrangements.

Print Signing Authority's Name

Signature

Date

send to ITS Voice Services: **401 Robertson Hall** or e-mail: ITS.service.desk@carleton.ca

To Be Filled in by Voice Services

Phone Card Number (if applicable): _____

Completed By: _____

Date Completed _____