

**Telecommunication Division  
Metro GIST Conference Call**

**Billing Information**

Page _____ of _____
Port # _____

Date Requested \_\_\_\_\_ Beginning Time \_\_\_\_\_ am / pm

Date to be Placed \_\_\_\_\_ Ending Time \_\_\_\_\_ am / pm

Total Duration \_\_\_\_\_

End Time Confirmed By \_\_\_\_\_  
Department Contact Date

MEMO \_\_\_\_\_

Conferees	Contact Numbers	Rate	Duration (Minutes)	Cost
1	( ) -			
2	( ) -			
3	( ) -			
4	( ) -			
5	( ) -			
6	( ) -			
7	( ) -			
8	( ) -			
9	( ) -			
10	( ) -			

<b>Amount Billed</b>	<b>\$</b>
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Bill to Telephone Number ( ) \_\_\_\_\_

Requestor's Name \_\_\_\_\_ Department: Human Resources/DMHDDAD

Operator's Name \_\_\_\_\_ Date Mailed to District \_\_\_\_\_