

RF ACCOUNT # \_\_\_\_\_

Contact Person/Ext \_\_\_\_\_

Mail bill to: \_\_\_\_\_

**AUTHORIZED RESEARCH FOUNDATION TELEPHONE USAGE CARD**

This form is to permit Project Directors to authorize apportionment of telephone charges among one or more Research users, if different Project Directors are using a common telephone number, or among several grants with the same Project Director.

A separate card is needed for each RESEARCH ACCOUNT NUMBER. All items, including signature must be completed. Telephone Bills will be submitted to the first named Project Director for approval. Charges will be apportioned according to the percentage shown and charged to the R/F Account number shown. The State account will be automatically charged if the R/F Account cannot bear the cost, for any reason.

DEPARTMENT NAME

Zip

Fax No.

STATE BUDGET ACCT NO

| Typed Name of Project Dir. | RF ACCT# | % | SPONSOR | Authorized Start Date |    | Project Director Signature |
|----------------------------|----------|---|---------|-----------------------|----|----------------------------|
|                            |          |   |         | From                  | To |                            |
|                            |          |   |         |                       |    |                            |
|                            |          |   |         |                       |    |                            |
|                            |          |   |         |                       |    |                            |

**Extensions to be charged :**

|  |  |
|--|--|
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

TOLL ONLY - YES \_\_\_\_\_ NO \_\_\_\_\_

**NOTES**

Please note if extensions were previously billed to another grant/state acct.

Grants Management Signature      Date:

Reviewed by Department Chairperson: \_\_\_\_\_

Rev. 6/99