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| 624 N Marine Corps Dr., Tamuning, GU 96913  Phone 671.644.1000 Fax 671.644.4776 | | | | | | | | | | | | | | | | | | | | | | WORK ORDER REQUEST | | | | | | | | | **UOG** | | | | | | | | |  |
| DATE SUBMITTED | | | | | | | | |  | | | | | | | | |  |
| AMOUNT ENCUMBERED | | | | | | | | |  | | | | | | | | |  |
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| **WORK ORDER REQUEST** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Requested By:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Division/Department | | | | | Authorized by: (Print Name & Title) | | | | | | | | | | | | | | | Signature of Approval | | | | | | | | | | Date | | | | Contact Number | | | | | | |
| *Diane Cruz, WPSII* | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |  | | | | | | |
| Facilities & Utilities Division | | | | | Approved by: (Print Name & Title) | | | | | | | | | | | | | | | Signature of Approval | | | | | | | | | | Date | | | | UOG Account Number | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | |  | | | | | | |
| Certifying Officer | | | | | Approved by: (Print Name & Title) | | | | | | | | | | | | | | | Signature of Approval | | | | | | | | | | Date | | | |  | | | | | | |
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| Comptroller | | | | | Approved by: (Print Name & Title) | | | | | | | | | | | | | | | Signature of Approval | | | | | | | | | | Date | | | |  | | | | | | |
| **TYPE OF SERVICES REQUESTED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | New Installation | | |  | Inside Move | | | | | | | | | |  | Change Equipment | | | | | | | |  | Additional Features | | | | | | | | |  | | |  | |
|  | |  |  |  |  | | |
|  |  | | Relocation | | |  | Programming | | | | | | | | | |  | New Instruments | | | | | | | |  | Others | | | | | | | | |  | | |  | |
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| **ONE TIME CHARGES**  Federal & Local Taxes applied where applicable and may not be included in the amount provided below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | New Installation $98.80  (see monthly charges below) | | | | | |  | | | | | Change Equipment | | | | | | | | | | | | | | |  | Additional Features | | | | | | (Quote Required) | | | | | |
|  |  | |  | | |  |
|  |  | Relocation $62.40 | | | | | |  | | | | | New Instruments | | | | | | | | | | | | | | |  | Others | | | | | | (Quote Required) | | | | | |
|  |  | |  | | |  |
|  |  | Inside Move $36.40 | | | | | |  | | | | |  | M5316 Exe Model | | | | | | | | | | $275 | | | |  |  | | | | | |  | | | | | |
|  |  | | | | |  |
|  |  | Programming $65.00 | | | | | |  | | | | |  | M5112 Dig Phone | | | | | | | | | | $112 | | | |  |  | | | | | |  | | | | | |
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|  |  | | | | |  | 9116 Single Line | | | | | | | | | |
|  |  |  | | | | | |  | | | | |  | 9120 2 Lines | | | | | | | | | | $120 | | | |  |  | | | | | |  | | | | | |
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| **MONTHLY RECURRING CHARGES**  Federal & Local Taxes applied where applicable and may not be included in the amount provided below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Basic single Multi-Line | | | | | | | | $ | | | 22.00 | | | |  | | | | | Meridian Centrex Group | | | | | | | | | | | $ | 15.60 | | | | |  | | |
|  | Simple Inside Wire Maintenance | | | | | | | | $ | | | 3.00 | | | |  | | | | | Simple Inside Wire Maintenance | | | | | | | | | | | $ | 3.00 | | | | |  | | |
|  | Surcharges | | | | | | | |  | | |  | | | |  | | | | | Surcharges | | | | | | | | | | |  |  | | | | |  | | |
|  |  | | Subscriber Line Charges | | | | | | $ | | | 9.20 | | | |  | | | | |  | | Subscriber Line Charges | | | | | | | | | $ | 9.20 | | | | |  | | |
|  |  | | Universal Service Charge / 911\* | | | | | | $ | | | 3.08 | | | |  | | | | |  | | Universal Service Charge / 911 \* | | | | | | | | | $ | 3.08 | | | | |  | | |
|  |  | | ARC ( Multi Line ) | | | | | | $ | | | 3.00 | | | |  | | | | |  | | LNP End Charges | | | | | | | | | $ | 3.00 | | | | |  | | |
|  | Estimated Total | | | | | | | | $ | | | 40.28 | | | |  | | | | | Estimated Total | | | | | | | | | | | $ | 31.00 | | | | |  | | |
| \*Rates are subject to change at anytime in accordance with USC regulated charges | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHYSICAL ADDRESS & POINT OF CONTACT TO DELIVER SERVICES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Physical Address to deliver Services** | | | | | | | | | | | | | | | | | | | | | | | | | **Point of Contact** | | | | | | | | | | | | | | | |
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| Department | | | | Bldg. Name | | | | | | | Room No. | | | | Floor | | | | Street Name | | | | | | Name of Point of Contact | | | | | | | | | | | | Telephone Number | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Brief Summary – Work Description** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Should there be any services not on this form, please contact the following for a price quotation* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Leah D. S Superales**  **Account Manager**  Direct 671.644.0132  Mobile 671.487.2596  Fax 671.644.0103  Email: [leah@gta.net](mailto:leah@gta.net) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |