

TELEPHONE SERVICES BILLING CHANGE FORM

Department _____	Address _____	Date _____
Contact _____	Extension _____	Fax _____
Authorization _____	2 nd Authorization <i>(if required)</i> _____	Effective Date _____

INSTRUCTIONS: Please type or print. Complete all applicable sections. Forward to the attention of Telephone Services by campus mail to 451 Express Scripts Hall, by email to telephone_services@umsl.edu, or by fax to x6007. A copy of the account change form will be returned to the department contact. For questions regarding billing, please call Telephone Services at x6500.

Ext	MOCODE CHANGE (FROM)		MOCODE CHANGE (TO)	
	MoCode	Department Name	MoCode	Department Name
MOCODE	DEPARTMENT NAME CHANGE (FROM)		DEPARTMENT NAME CHANGE (TO)	
MOCODE(S)		CONTACT CHANGE (FROM)	CONTACT CHANGE (TO)	
		Contact Person	Contact Person	Email Address
Comments:				