

**TELEPHONE SERVICES  
BILLING CHANGE FORM**

Department _____		Address _____		MoCode _____		Date _____		
Contact _____		Extension _____		Fax _____				
Authorization _____		2 <sup>nd</sup> Authorization (if required) _____				Effective Date _____		
INSTRUCTIONS: Please type or print. Complete all applicable sections. Forward to the attention of Telephone Services by campus mail to 451 Computer Center Building 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 Claudia Griffin at X6051. Pricing structure located @www.umsl.edu/technology/phones.								
MOCODE CHANGE (FROM)				MOCODE CHANGE (TO)			For Office Use Only	
Ext	MoCode	Department Name	Dept ID	MoCode	Department Name	Dept ID	From Plan	To Plan
DEPARTMENT NAME CHANGE (FROM)				DEPARTMENT NAME CHANGE (TO)				
MoCode		Department Name		Department Name				
CONTACT CHANGE (FROM)				CONTACT CHANGE (TO)				
MoCode(s)		Contact Person		Contact Person		E- Mail Address		
<b>Comments:</b>								
<b>DO NOT WRITE BELOW THE LINE</b>								
I – In the Plan	O – Out of the Plan	G - Grant	V - Invoiced	O-Phone	BCF #			