

SIUC Telecommunications Services

Polycom Conference Unit Rental

Billing Information

Date(mm/dd/yyyy):

AIS Budget Purpose Number:

Account Title:

Department Location:

Mailcode:

Contact Person:

Telephone Number:

Rental Dates(mm/dd/yyyy) - From:

To:

I authorize the above person to rent the use of the Polycom Conference Telephone. I understand there will be a charge of \$35.00 per day. I understand the above person is liable for this unit and we will charge a replacement cost of the unit if returned damaged. (This includes all parts and instruction book.)

Fiscal Officer Signature _____ Date _____

For Official Use Only

Date Checked Out _____ By _____

Date Returned _____ By _____

Sound Station _____ Sound Station EX _____

Total Charge _____

Phone Number: 453-2484
Fax Number: 453-4000
Telecommunications MC 6873
www.infotech.siu.edu/telecom