Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO)
OEOB, Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294.
For technical assistance completing this form, call x6-6400.

Current Date: 8/10/2000

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
Cheryll Bauerle	AIDS Policy	736 J.P.	6-2437
Requested For (Print)	**Agency**	**Bldg./Room No.**	**Phone No.**
above			

Requirements *(Briefly describe requirement(s), then check or designate all that apply.)*

Date Required:

☑ Install* ☐ Move* ☐ Change ☐ Disconnect

Install phone in AIDS policy office, rm. 193, OEOB.
Program phone per attached chart.

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
	10 Button Phone Set	☒	☐	Receive incoming calls
1	20 Button Phone Set	☒	☐	Make outgoing calls
	Telephone Line(s)	☒	☐	Make local calls
		☒	☐	Make long distance calls
		☒	☐	Make international calls

Other _____ (Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.
above		

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

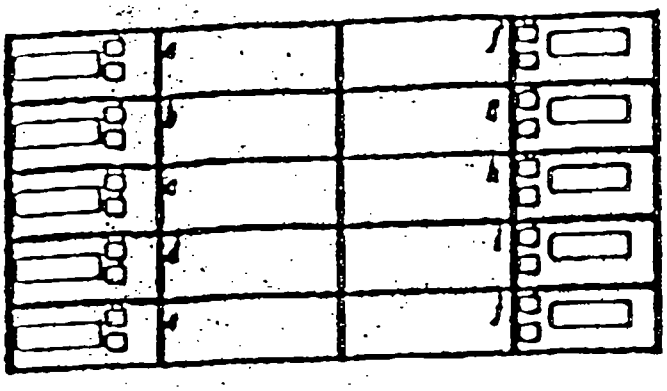
Name (Signature)	Bldg./.Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date
Signature	BAC Code [illegible]	TSR No.	

OA FORM 67
Revised 10/95

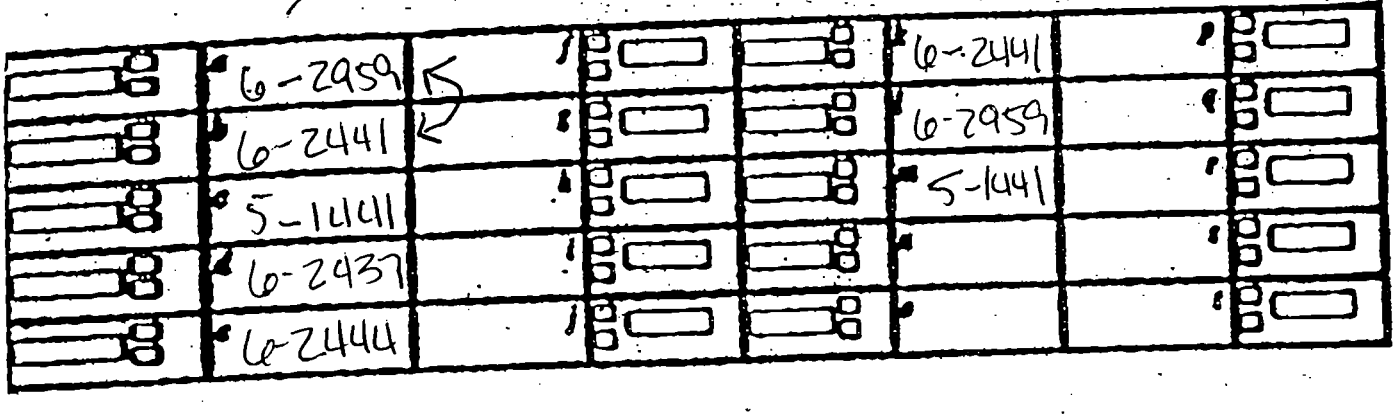
10 BUTTON PHONE SET



20 BUTTON PHONE SET

speed dial

should be able to pick-up calls but no ring please



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O.E.O.B. Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294
For technical assistance completing this form, call x6-6400

Current Date: 4/6/98

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
Todd Summers	AIDS Policy	736 Jackson	6 2437

Requested For (Print)	Agency	Bldg./Room No.	Phone No.
above			

Requirements *Briefly describe requirement(s), then check or designate all that apply.)*

Date Required:

☐ Install* ☐ Move* ☑ Change ☐ Disconnect

*(Enter requirements below, **one** line at a time.)*

Program phones per attached charts.

No replacement inserts for phones necessary. Please notify requestor when work is completed

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
	10 Button Phone Set	☐	☐	Receive incoming calls
_____	20 Button Phone Set	☐	☐	Make outgoing calls
_____	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other _____
(Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.
above		

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg./Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date

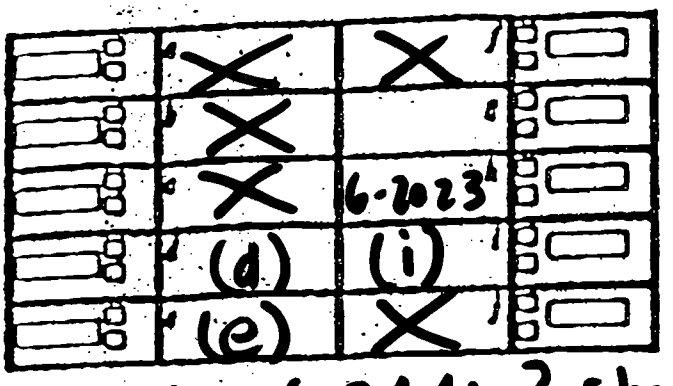
Signature	BAC Code (i.e., 2, 3, 66, etc.)	TSR No.
	_____	

OA FORM 57
Revised 10/95

Faxed to AR on 4/6/98

Sarah Holewinski
5-1441

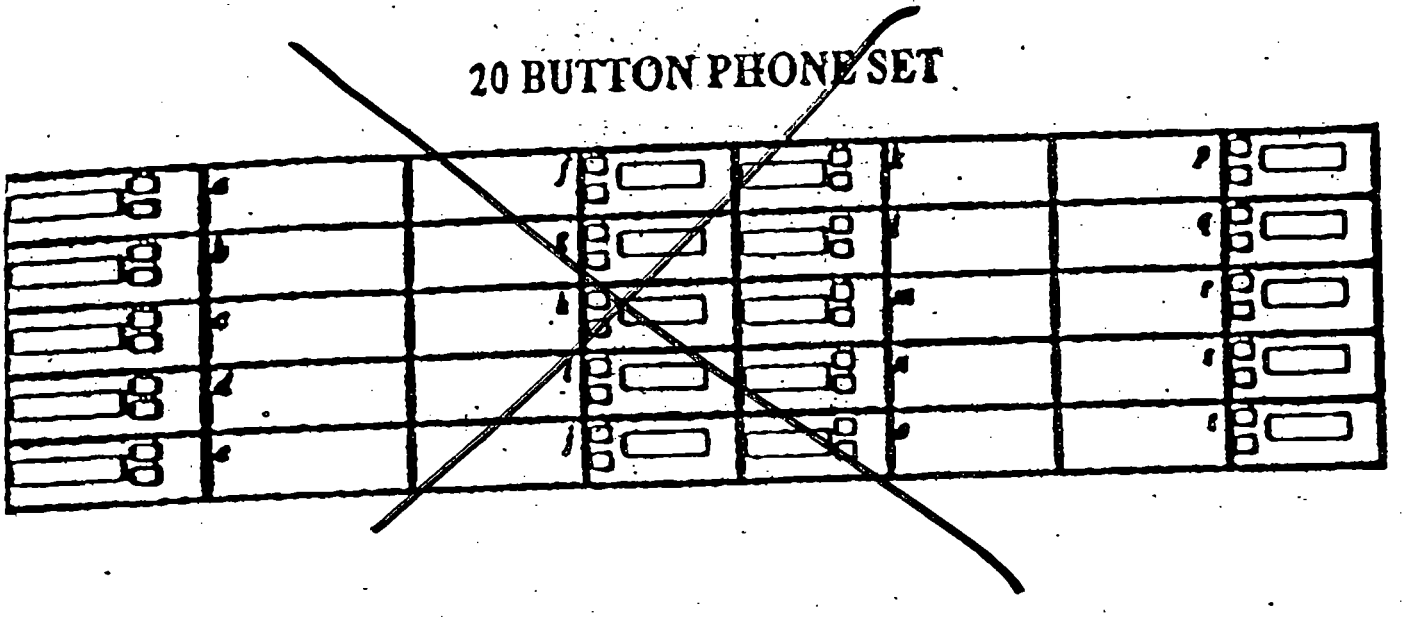
10 BUTTON PHONE SET



speed dial

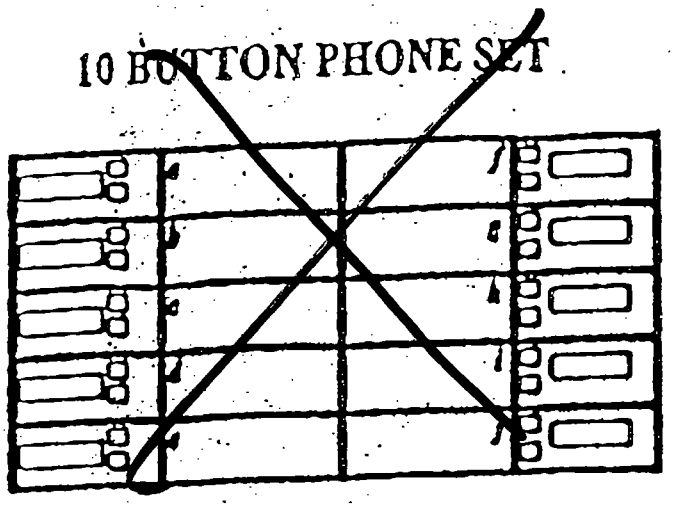
(d) monitor 6-2441
(e) monitor 6-5579
} should be able to pick up calls, but no ring please.
(i) monitor 6-2444

20 BUTTON PHONE SET

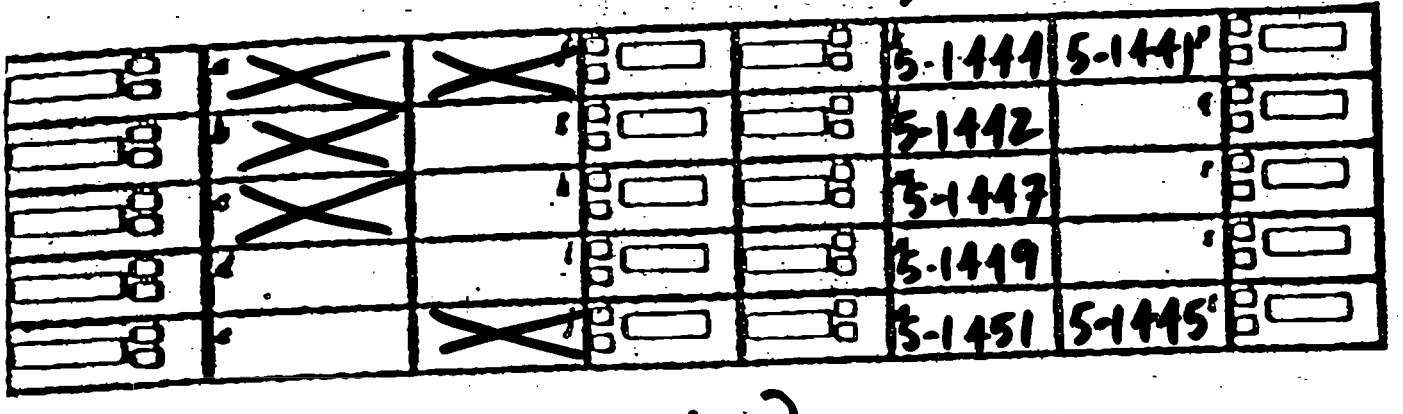


Todd Summers
6-2444

10 BUTTON PHONE SET



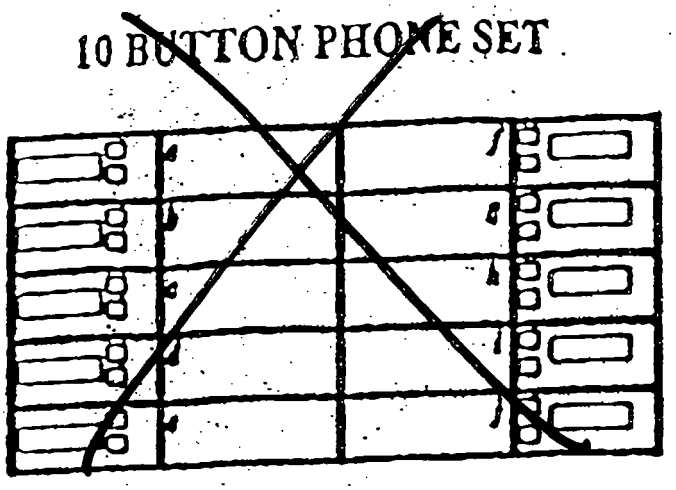
20 BUTTON PHONE SET speed dial



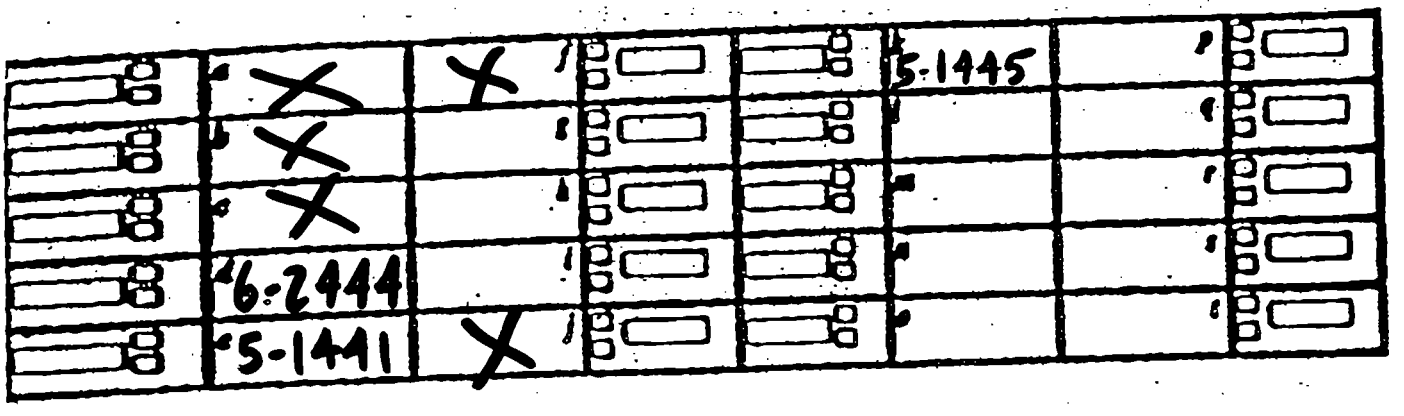
(d) monitor 6-2441
(e) monitor 6-5579
} should be able to pick up calls, but no ring please.

Sandra Thurman
6-2441

10 BUTTON PHONE SET



20 BUTTON PHONE SET



Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO)
O.E.O.B. Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294
For technical assistance completing this form, call x6-6400

Current Date:

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
Todd Summers	AIDS Policy	736 Jackson	6-2437
Requested For (Print)	**Agency**	**Bldg./Room No.**	**Phone No.**

Requirements *Briefly describe requirement(s), then check or designate all that apply.)*

Date Required:

☐ **Install*** ☐ **Move*** ☑ **Change** ☐ **Disconnect**

*(Enter requirements below, **one** line at a time.)*

Change auto attendant selection #1 to dial 5-1441
(and not 6-2441)

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
	10 Button Phone Set	☐	☐	Receive incoming calls
	20 Button Phone Set	☐	☐	Make outgoing calls
	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other _____
(Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.
Above		

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg./Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date
Signature	BAC Code *(i.e., 2, 3, 66, etc.*	TSR No.	

OA FORM 57
Revised 10/95

Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO) OEOB, Rm. 019 Fax Number (202) 456-9800	TSO MAIN NUMBER X6-6400 For assistance completing this form, call x6-7294. For technical assistance completing this form, call x6-6400.		Current Date 4/6/98
Requestor's Name (Print) TODD SUMMERS	Agency AIDS Policy	Bldg./Room No. 736-Jackson	Phone No. 6-2437
Requested For (Print)	Agency	Bldg./Room No.	Phone No.

Requirements *(Briefly describe requirement(s), then check or designate all that apply.)*

Date Required

☐ Install* ☐ Move* ☑ Change ☐ Disconnect

Change 5-1444 to Brad Austin
5-1442 to Todd Weber
5-1447 to Matthew Murguia
5-1449 to Bob Soliz

Correct 5-1441 to Sarah Holewinski

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
____	10 Button Phone Set	☐	☐	Receive incoming calls
____	20 Button Phone Set	☐	☐	Make outgoing calls
____	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other _____ (Specify)

CONTACT INFORMATION

Name (Print) Fibove	Bldg./Room No.	Phone No.

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg/.Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

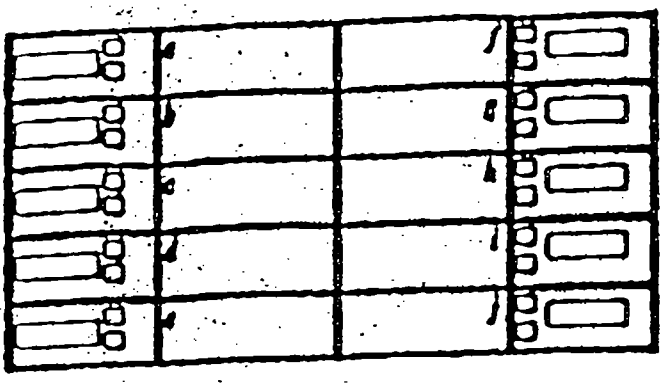
Name	Bldg./Room No.	Phone No.	Date
Signature	BAC Code (e.g. 2.3.66.xx.)	TSR No.	

OA FORM 67
Revised 10/95

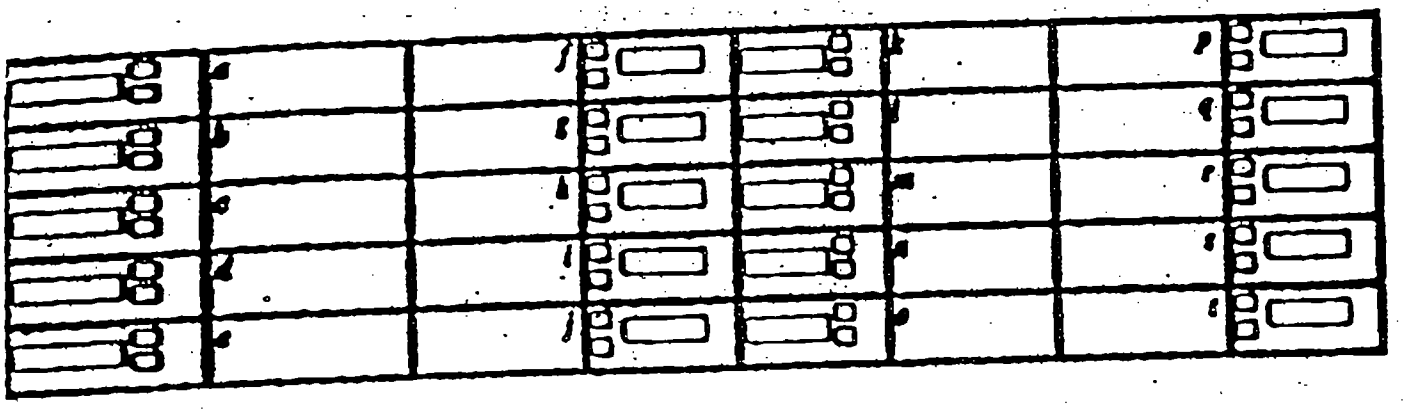
IBW-57421

Fax Plus
703-527-3500
PO DP[redacted]P01

10 BUTTON PHONE SET



20 BUTTON PHONE SET



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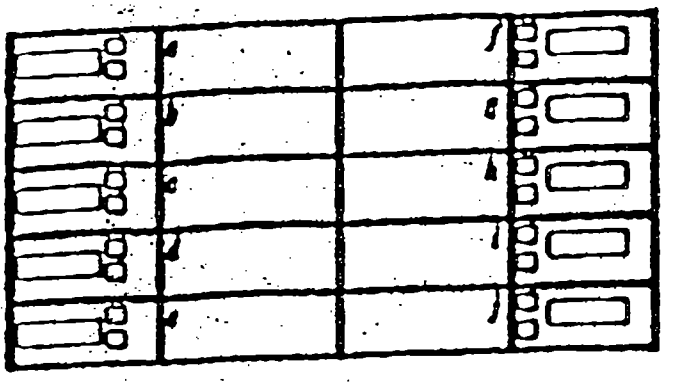

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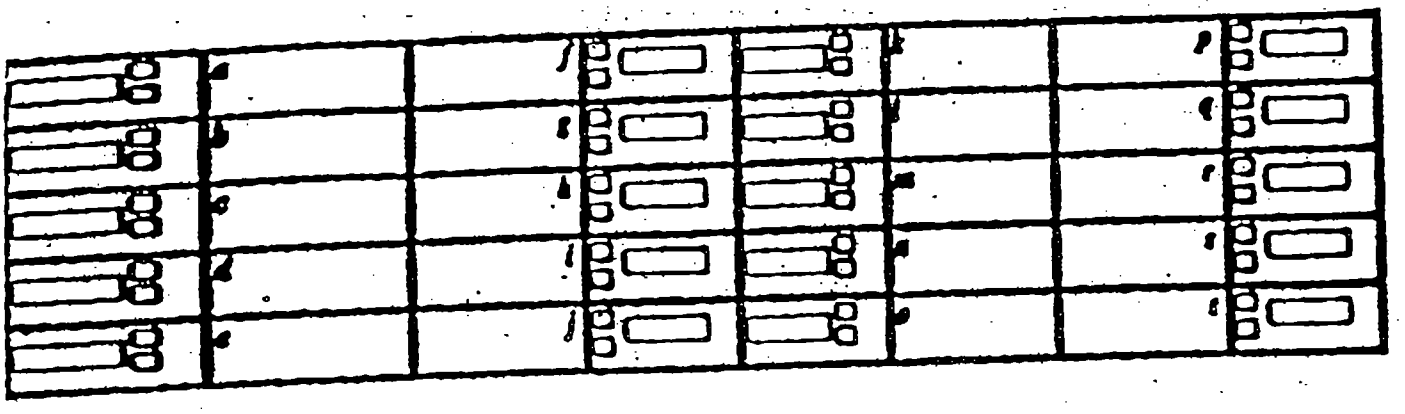

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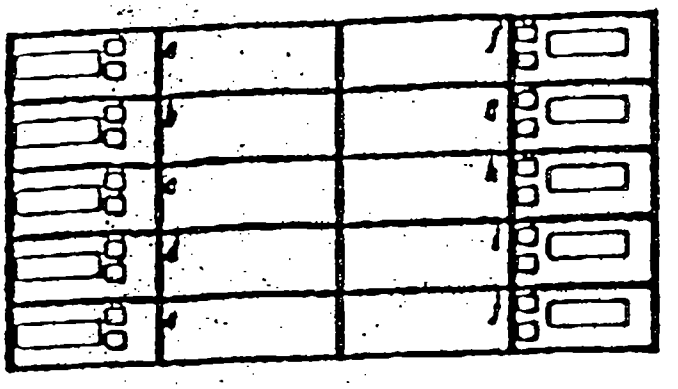
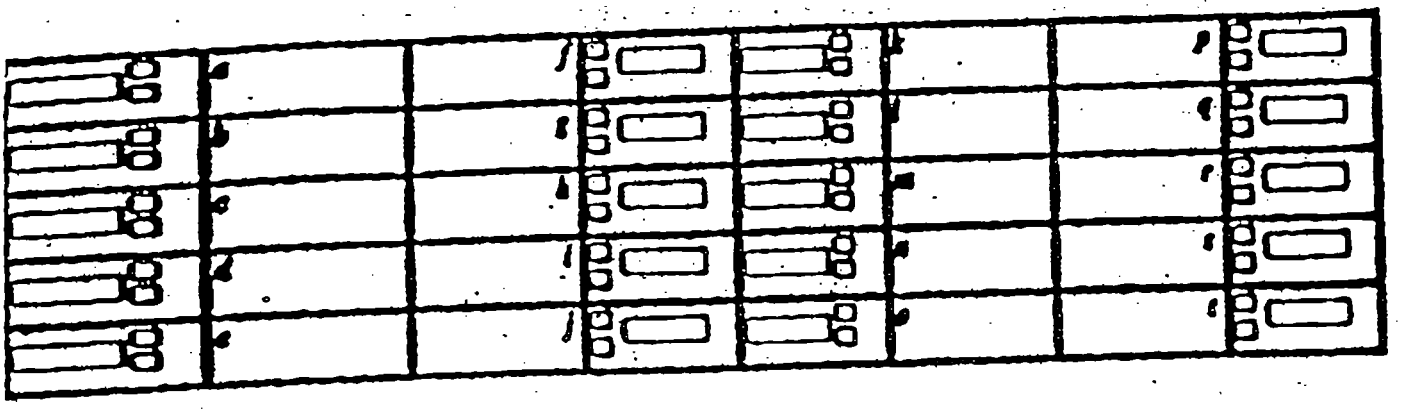
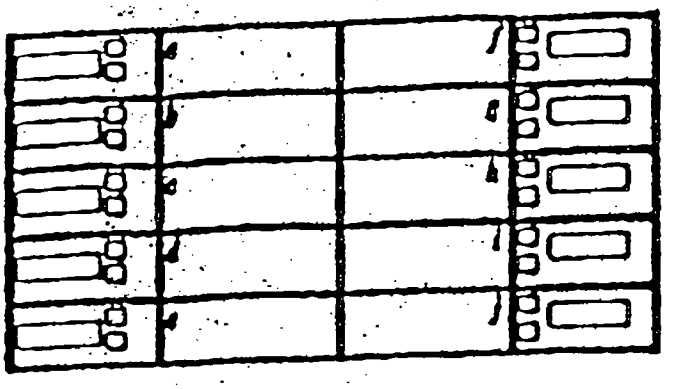


20 BUTTON PHONE SET



10 BUTTON PHONE SET



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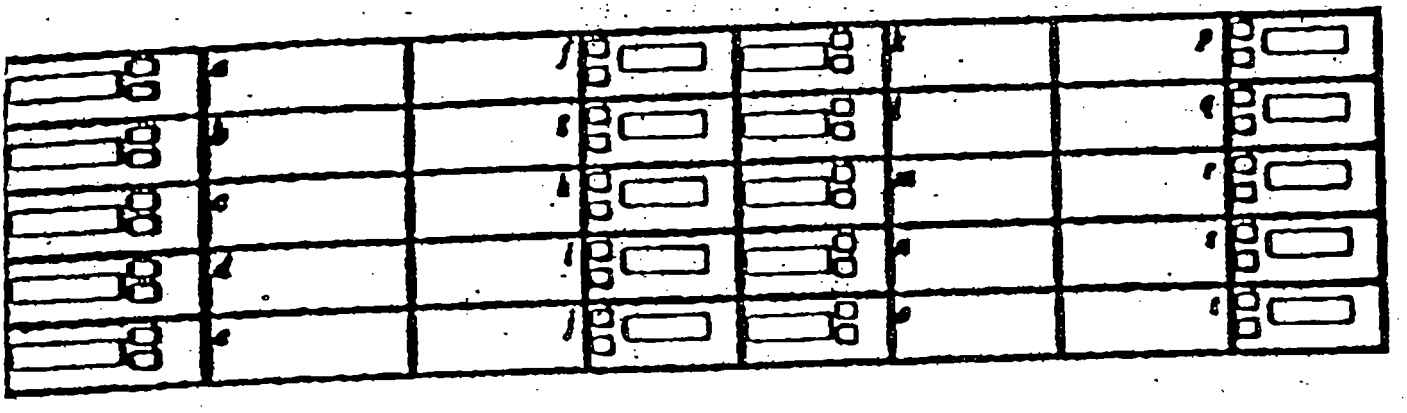
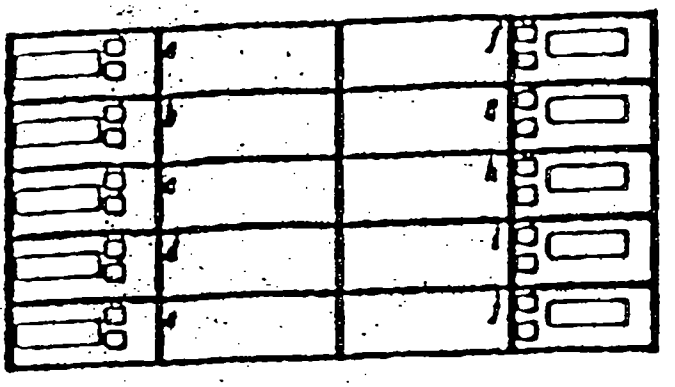
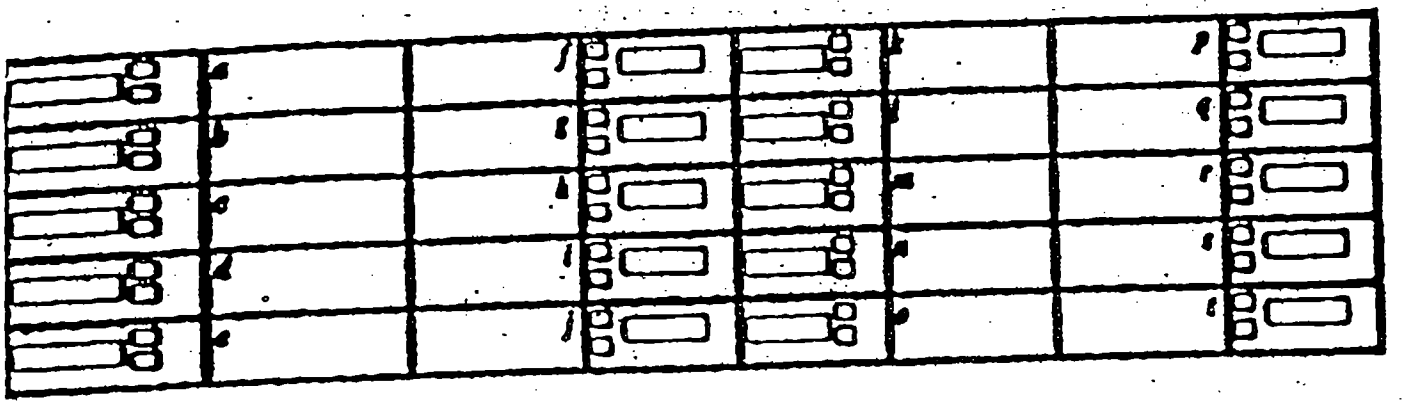


10 BUTTON PHONE SET



20 BUTTON PHONE SET



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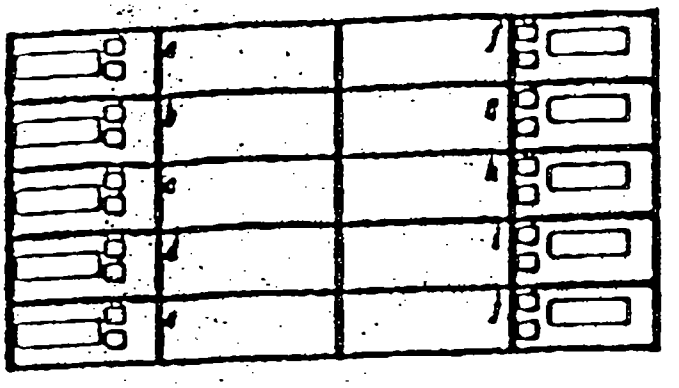
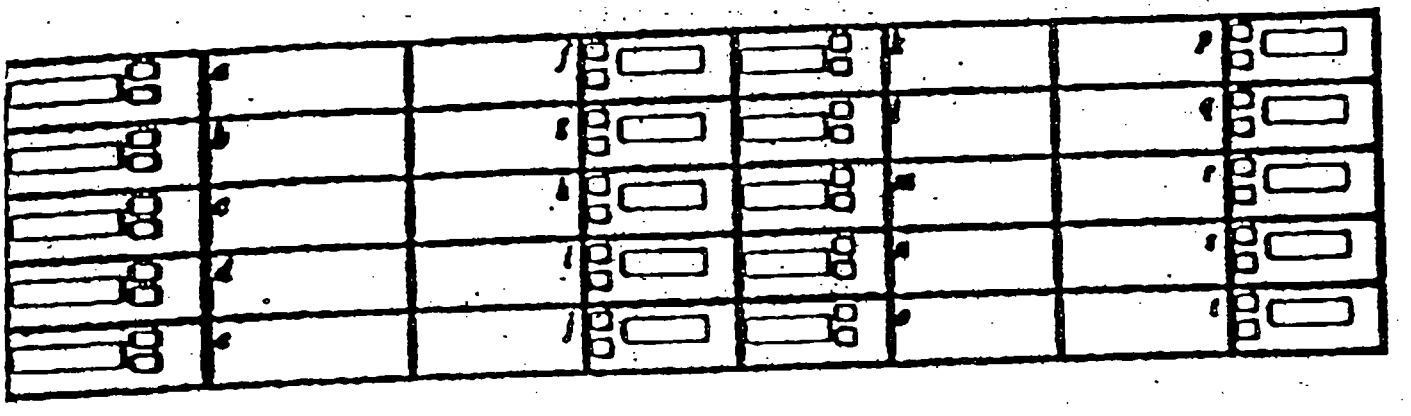


20 BUTTON PHONE SET



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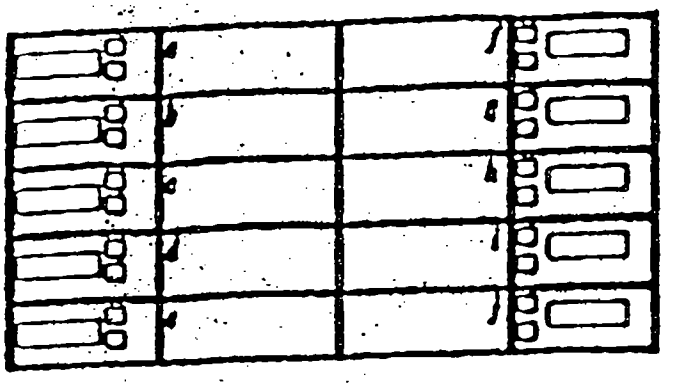

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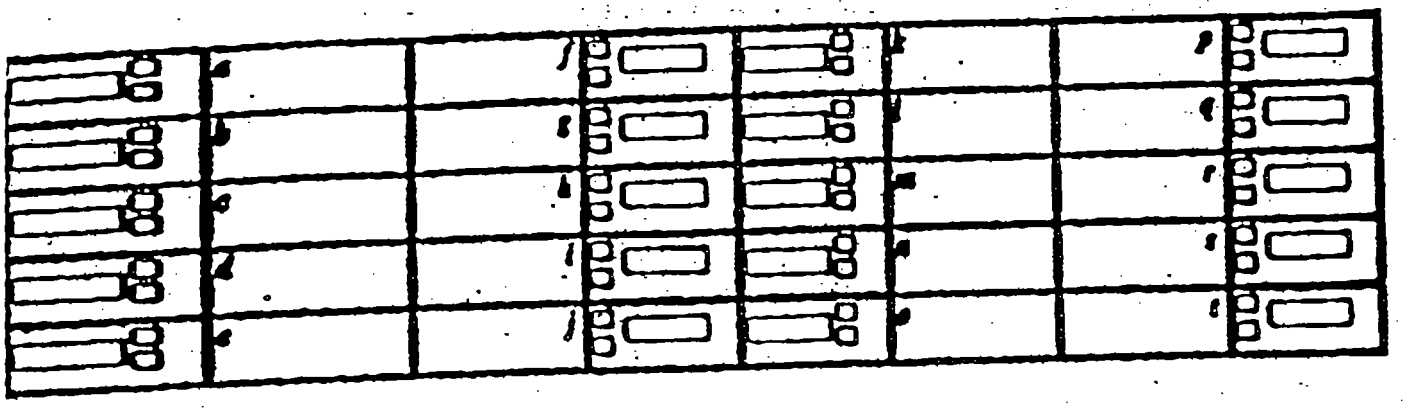

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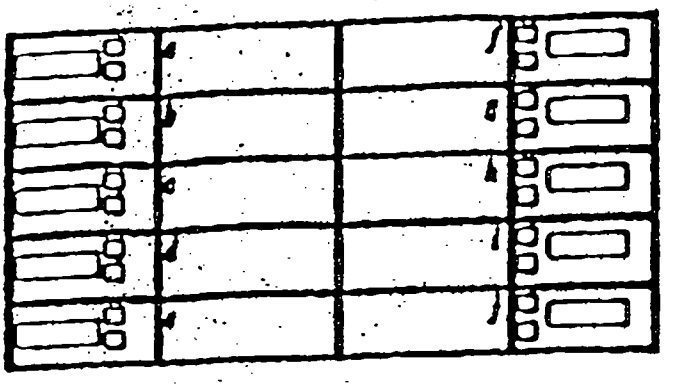

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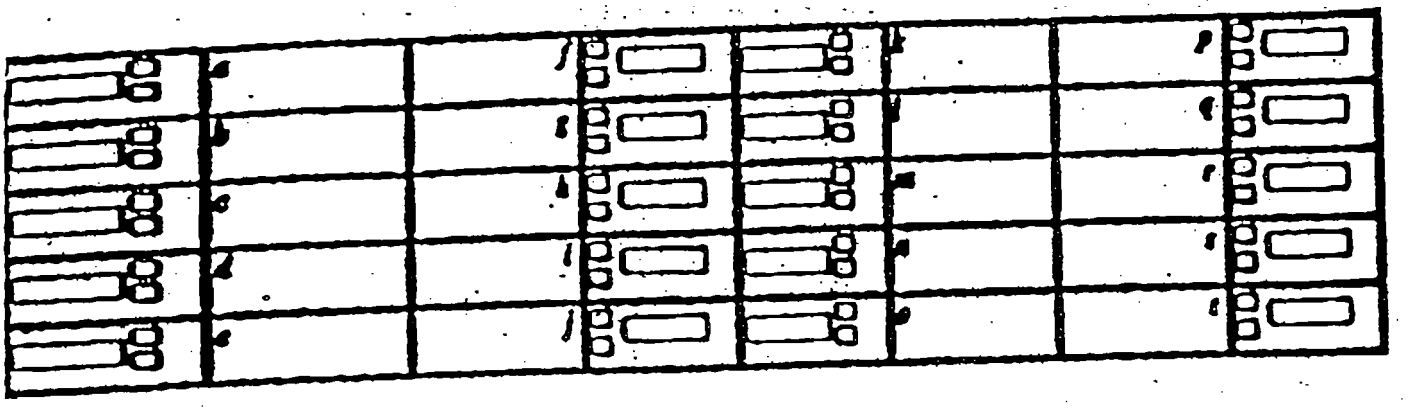

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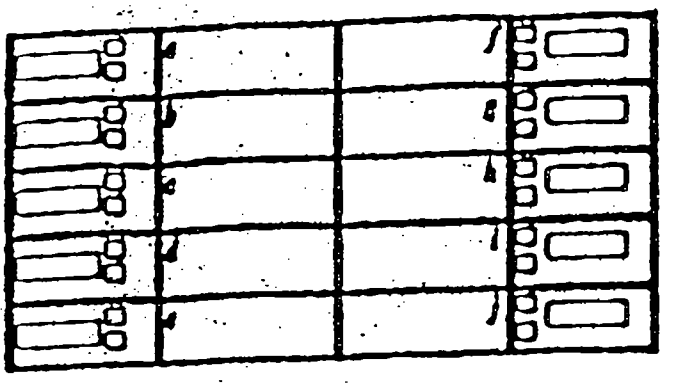
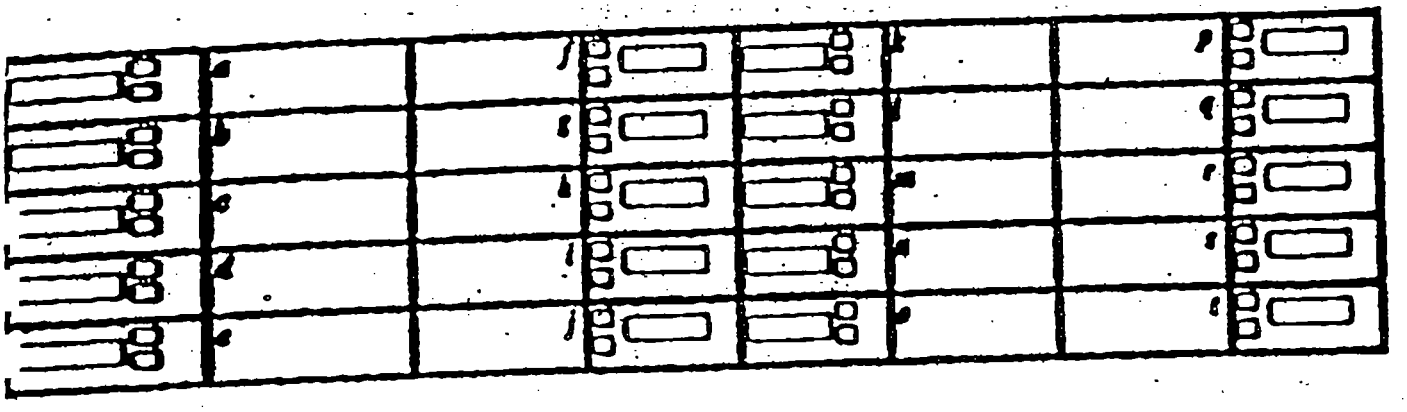


20 BUTTON PHONE SET



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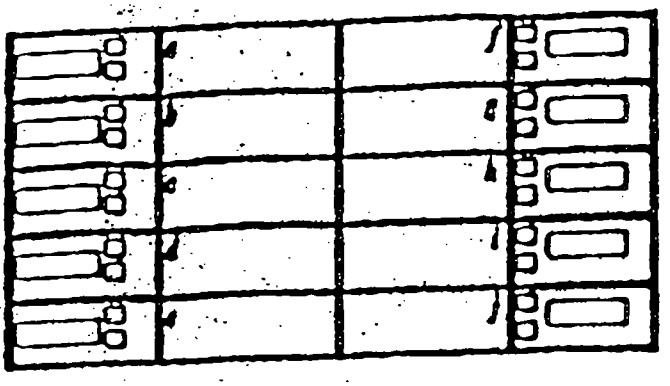

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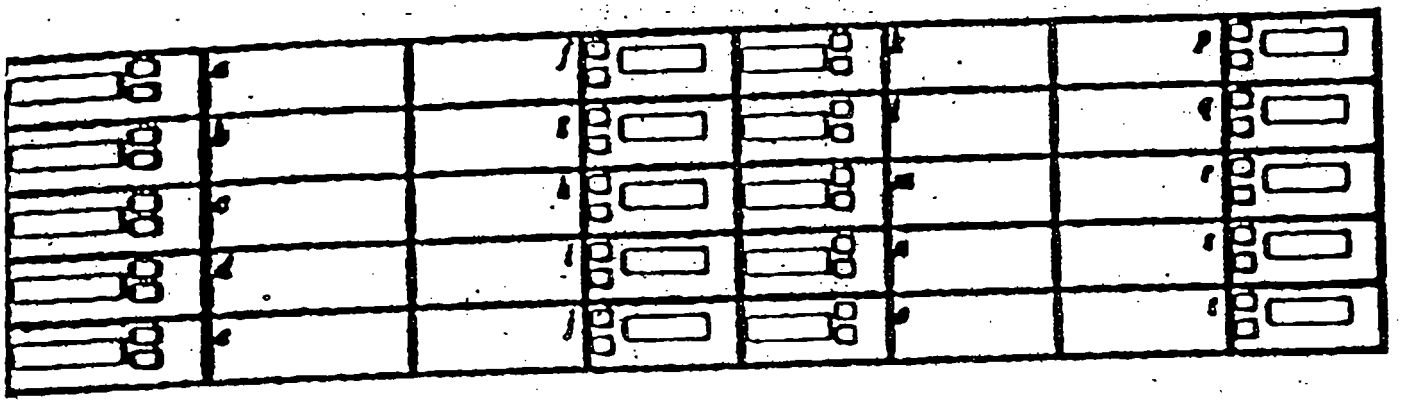

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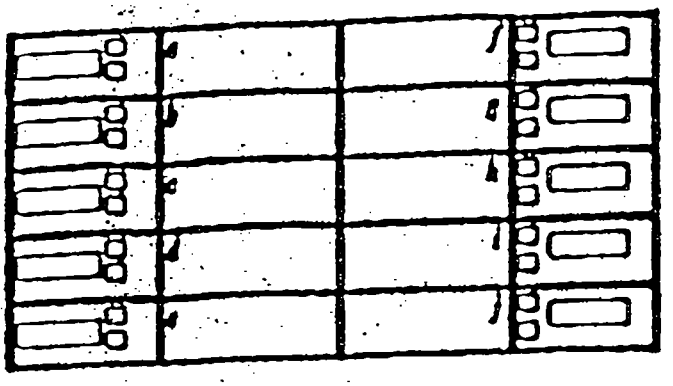

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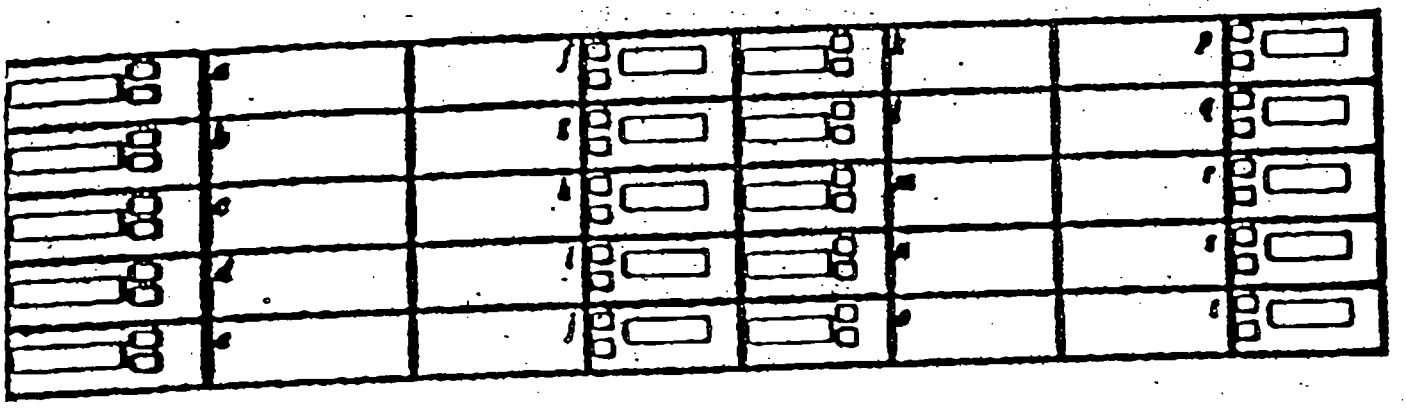

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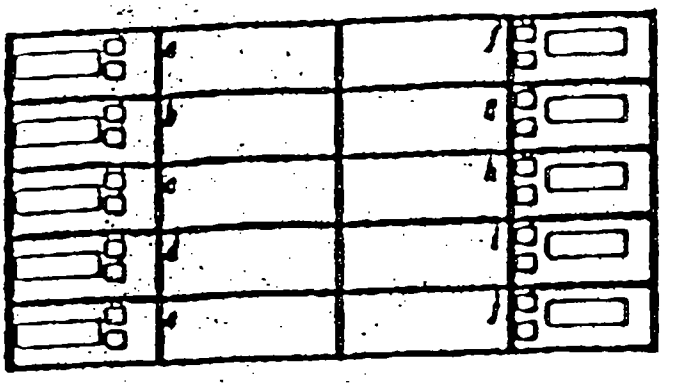

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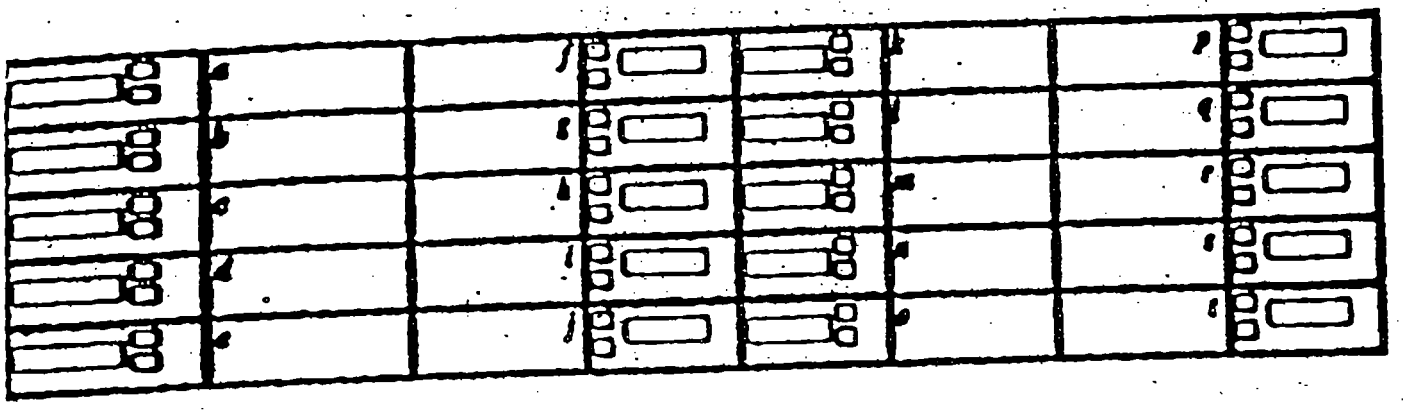

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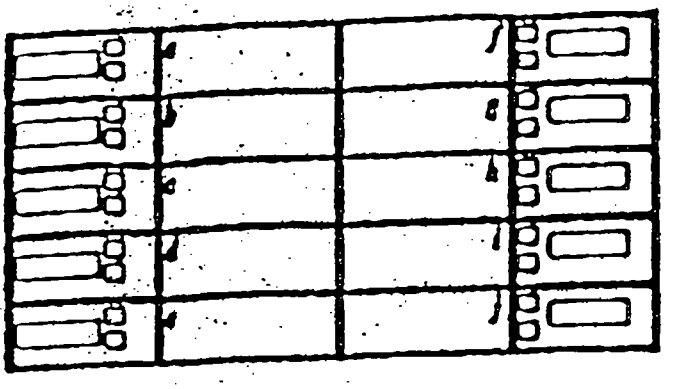

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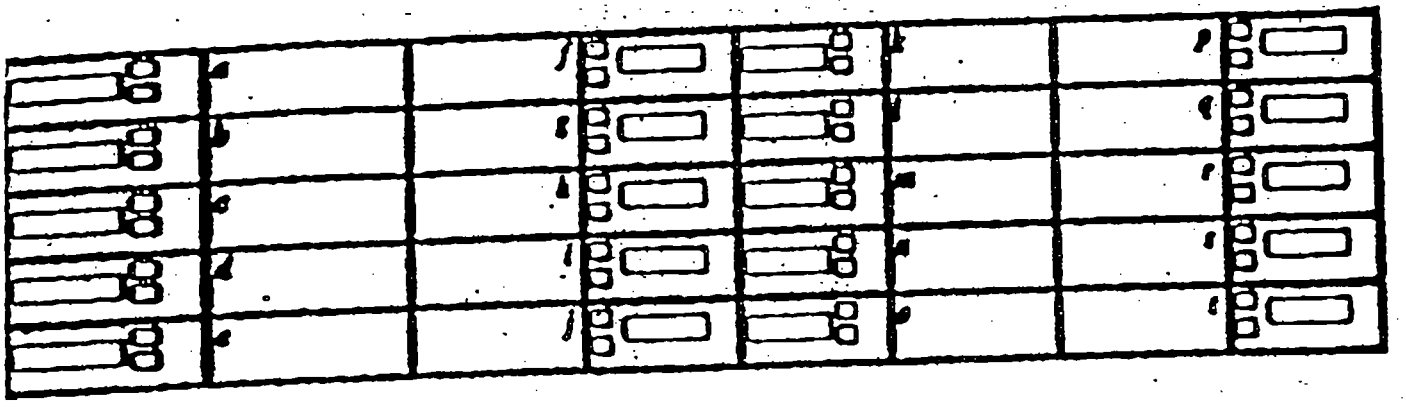

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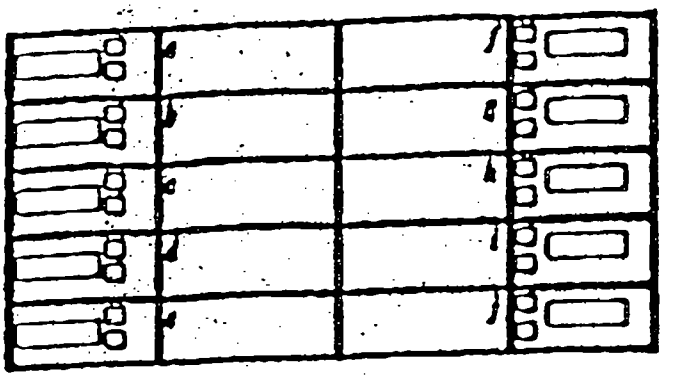

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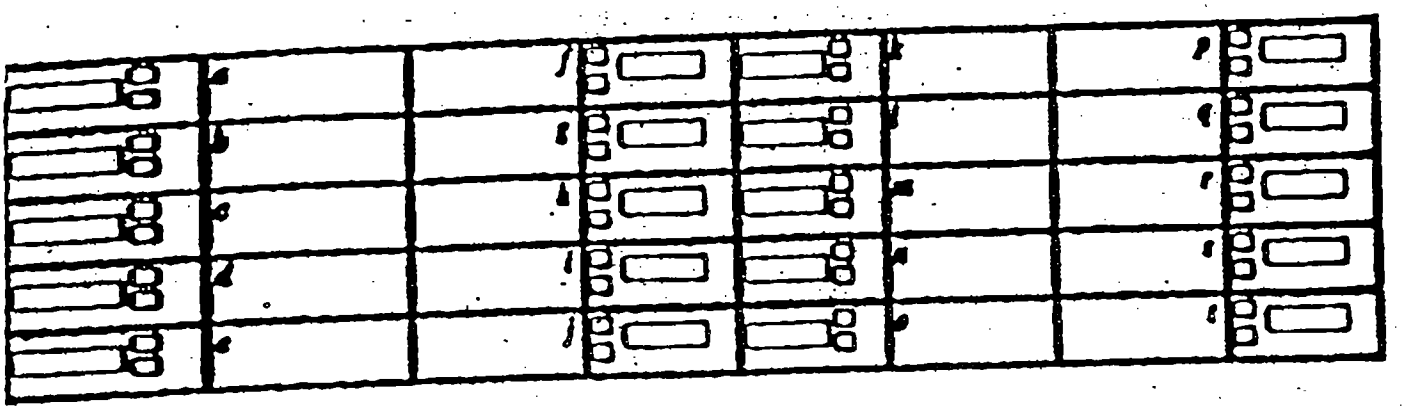
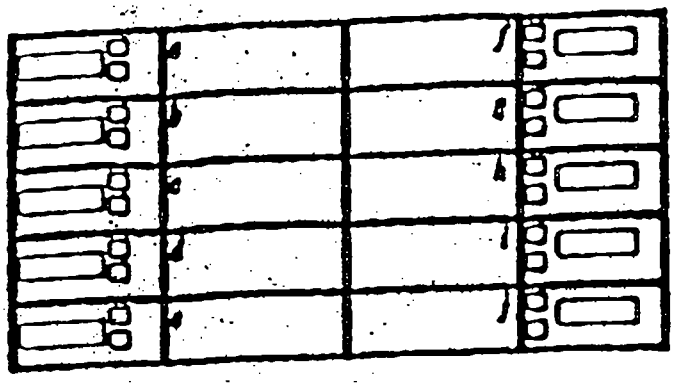
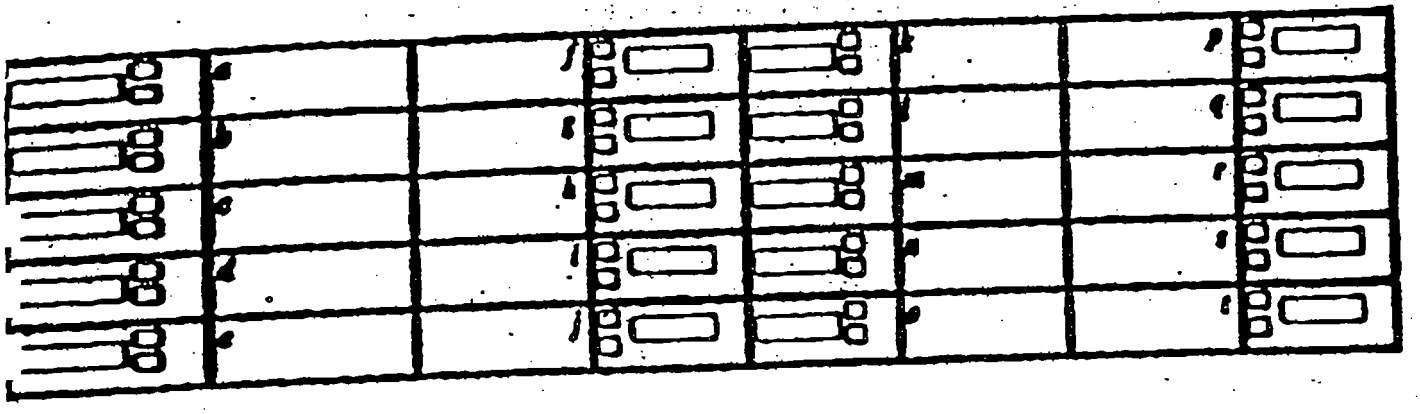


10 BUTTON PHONE SET



20 BUTTON PHONE SET



Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO)
OEOB, Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294.
For technical assistance completing this form, call x6-6400.

Current Date: 3/30/00

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
Cheryl Bauerle	AIDS Policy	736 J.P.	6-2437
Requested For (Print)	**Agency**	**Bldg./Room No.**	**Phone No.**
			or direct 6-2959

Requirements *(Briefly describe requirement(s), then check or designate all that apply.)*

Date Required:

☐ Install* ☐ Move* ☑ Change ☐ Disconnect

Please Change auto attendant so that 7 rings to extension 5-1448

+Please let me know when order is complete

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
____	10 Button Phone Set	☐	☐	Receive incoming calls
____	20 Button Phone Set	☐	☐	Make outgoing calls
____	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other _____ (Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.
Cheryl Bauerle	736 JP	6-2959

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg./.Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date
Signature	BAC Code [illegible]	TSR No.	

OA FORM 67
Revised 10/95

Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO)
OEOB, Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294.
For technical assistance completing this form, call x6-6400.

Current Date

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
	AIDS Policy	736 J.P.	6-2437
Requested For (Print)	Agency	Bldg./Room No.	Phone No.

Requirements *(Briefly describe requirement(s), then check or designate all that apply.)*

Date Required

☐ Install* ☐ Move* ☐ Change ☐ Disconnect

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
____	10 Button Phone Set	☐	☐	Receive incoming calls
____	20 Button Phone Set	☐	☐	Make outgoing calls
____	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other_____
(Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg/.Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date
Signature	BAC Code [redacted]	TSR No.	

OA FORM 67
Revised 10/95

Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO)
OEOB, Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294.
For technical assistance completing this form, call x6-6400.

Current Date

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
	AIDS Policy	736 J.P.	6-2437
Requested For (Print)	**Agency**	**Bldg./Room No.**	**Phone No.**

Requirements *(Briefly describe requirement(s), then check or designate all that apply.)*

Date Required

☐ **Install*** ☐ **Move*** ☐ **Change** ☐ **Disconnect**

*Attach floor plan

ESTIMATE REQUIRED: ☐ **Check here if you wish to receive an estimate before the job is started.**

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
____	10 Button Phone Set	☐	☐	Receive incoming calls
____	20 Button Phone Set	☐	☐	Make outgoing calls
____	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other _____ (Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg./Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date
Signature	BAC Code [illegible]	ISR No.	

OA FORM 67
Revised 10/95

Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO)
OEOB, Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294.
For technical assistance completing this form, call x6-6400.

Current Date

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
	AIDS Policy	736 J.P.	6-2437
Requested For (Print)	**Agency**	**Bldg./Room No.**	**Phone No.**

Requirements *(Briefly describe requirement(s), then check or designate all that apply.)*

Date Required

☐ Install* ☐ Move* ☐ Change ☐ Disconnect

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
____	10 Button Phone Set	☐	☐	Receive incoming calls
____	20 Button Phone Set	☐	☐	Make outgoing calls
____	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other _____ (Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg/.Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date
Signature	BAC Code [illegible]	TSR No.	

OA FORM 67
Revised 10/95

Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO)
OEOB, Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294.
For technical assistance completing this form, call x6-6400.

Current Date

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
	AIDS Policy	736 J.P.	6-2437
Requested For (Print)	Agency	Bldg./Room No.	Phone No.

Requirements (Briefly describe requirement(s), then check or designate all that apply.)

Date Required

☐ Install* ☐ Move* ☐ Change ☐ Disconnect

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
____	10 Button Phone Set	☐	☐	Receive incoming calls
____	20 Button Phone Set	☐	☐	Make outgoing calls
____	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other _____ (Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg./.Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date
Signature	BAC Code (2+2+4+4=12)	TSR No.	

OA FORM 67
Revised 10/95

Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO)
OEOB, Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294.
For technical assistance completing this form, call x6-6400.

Current Date: 5/3/99

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
Todd Summers	AIDS Policy	736 JP	6-2444
Requested For (Print)	**Agency**	**Bldg./Room No.**	**Phone No.**
Cheryl Baverle	AIDS Policy	736 JP	6-2959

Requirements *(Briefly describe requirement(s), then check or designate all that apply.)*

Date Required:

☐ Install* ☐ Move* ☑ Change ☐ Disconnect

Program as per attached

- no new cards needed.

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
____	10 Button Phone Set	☐	☐	Receive incoming calls
____	20 Button Phone Set	☐	☐	Make outgoing calls
____	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other _____ (Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.
Todd Summers	736 JP	6-2444

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg/.Room No.	Phone No.	Date
Name (Print)			

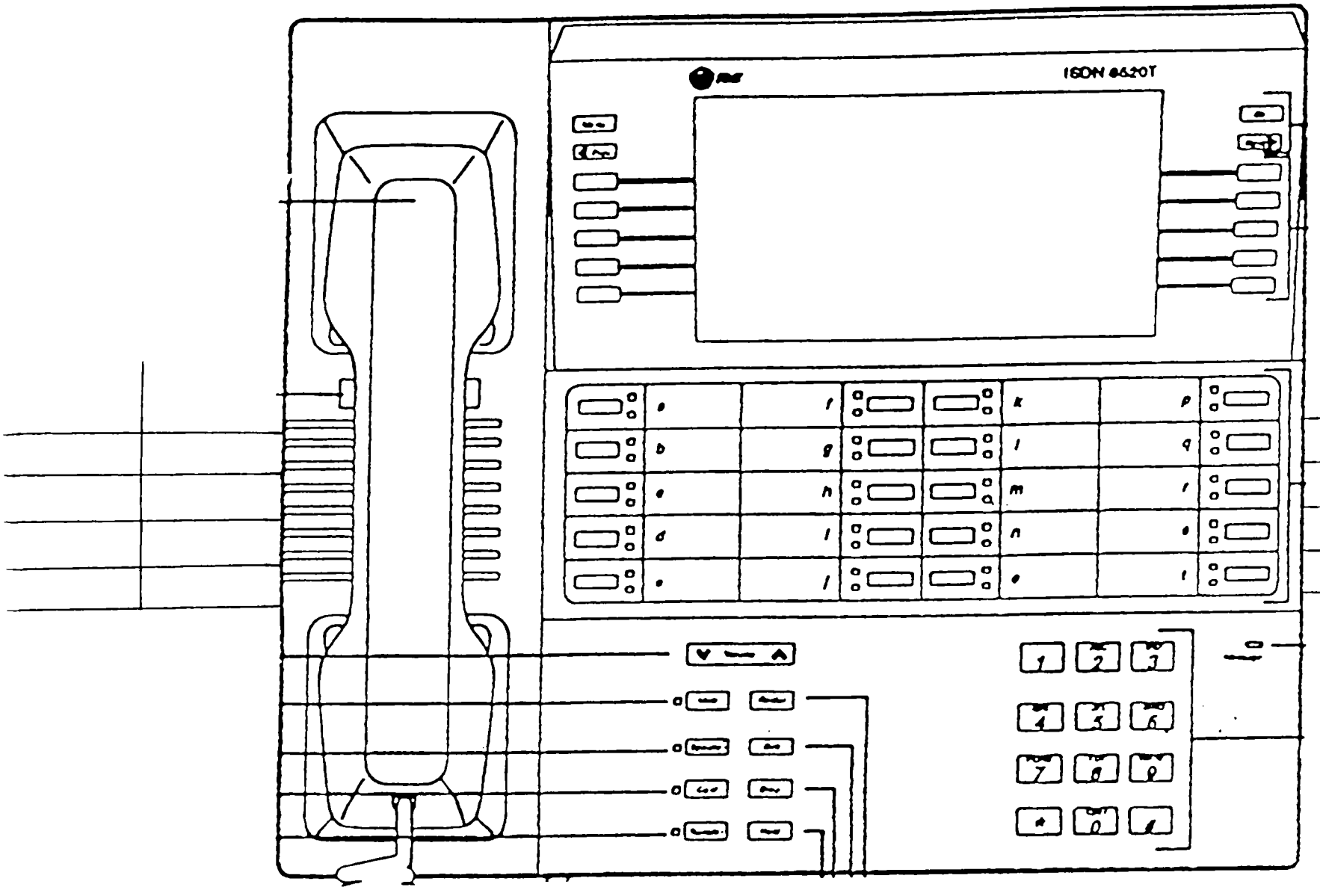
FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date
Signature	OEOB 145	62018	5/3/99
	BAC Code [redacted]	TSR No.	

OA FORM 67
Revised 10/95

Ext. 6-2444

MODEL NAME: 8520T



PROJECT MANAGEMENT SPECIALIST: _____

AGENCY NAME: AIDS Policy

DEPT. COORDINATOR: _____

CUSTOMER APPROVAL: _____

DATE: _____

Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO)
OEOB, Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294.
For technical assistance completing this form, call x6-6400.

Current Date: 5/3/99

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
Todd Summers	AIDS Policy	736 JP	6-2444
Requested For (Print)	**Agency**	**Bldg./Room No.**	**Phone No.**
above			

Requirements (Briefly describe requirement(s), then check or designate all that apply.)

Date Required:

☐ Install* ☐ Move* ☑ Change ☐ Disconnect

Program one new speed-dial as per attached.

- no new card needed.

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
____	10 Button Phone Set	☐	☐	Receive incoming calls
____	20 Button Phone Set	☐	☐	Make outgoing calls
____	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other _____ (Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.
Todd Summers	736 JP	6-2444

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg./Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date
Signature	OEOB 145	62018	5/3/99
	BAC Code [redacted]	TSR No.	

OA FORM 67
Revised 10/95

Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO)
OEOB, Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294.
For technical assistance completing this form, call x6-6400.

Current Date: 12/10/98

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
Todd A. Summers	AIDS Policy	736 J.P.	6-2444

Requested For (Print)	Agency	Bldg./Room No.	Phone No.
Mary May	AIDS Policy	736 JP	6-2437

Requirements *(Briefly describe requirement(s), then check or designate all that apply.)*

Date Required:

☐ Install* ☐ Move* ☑ Change ☐ Disconnect

Program as per attached chart.

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
____	10 Button Phone Set	☐	☐	Receive incoming calls
____	20 Button Phone Set	☐	☐	Make outgoing calls
____	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other _____
(Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.
Todd Summers	736 J.P.	6-2444

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature) / Name (Print)	Bldg./Room No.	Phone No.	Date

FUND MANAGER

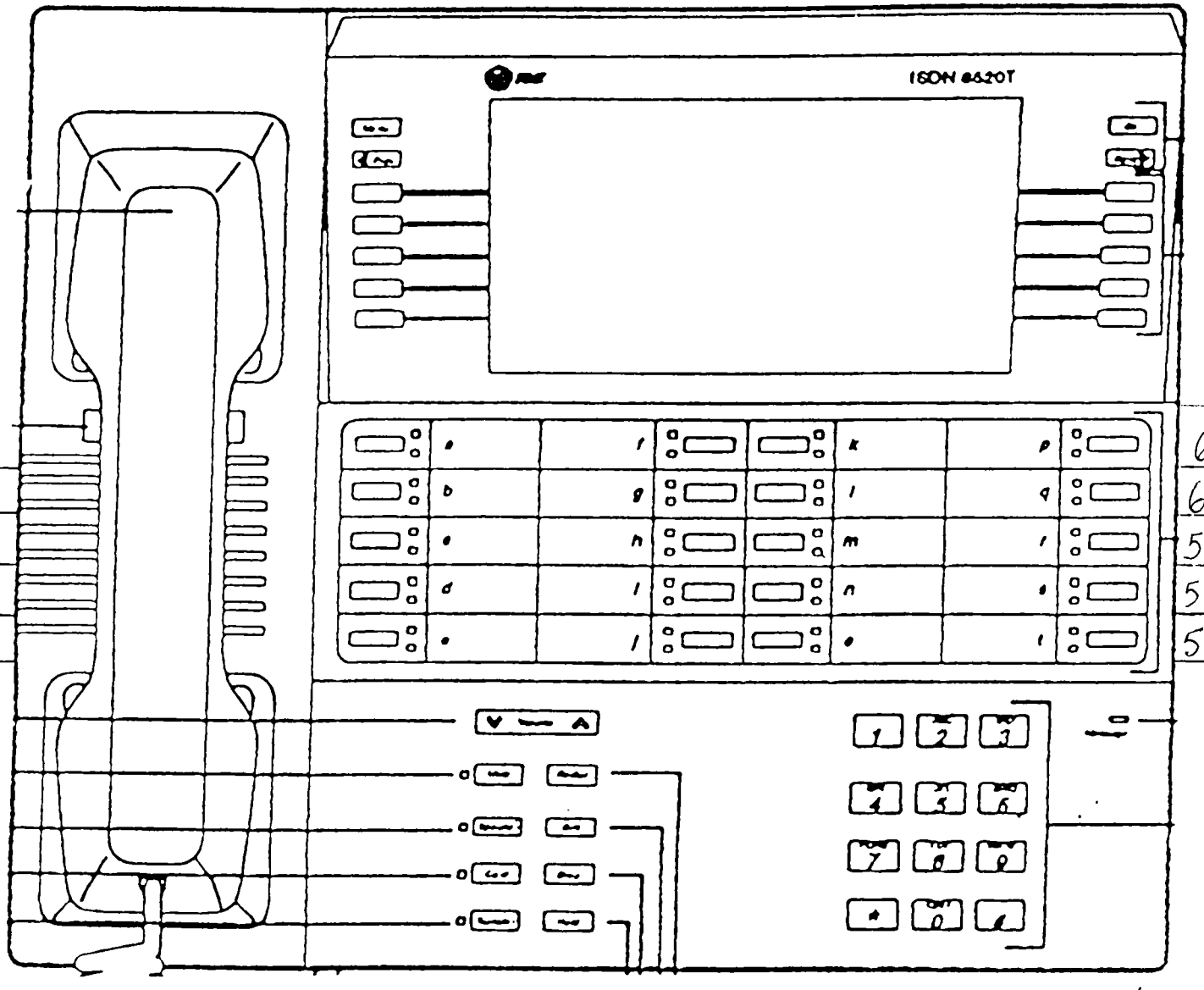
Name / Signature	Bldg./Room No.	Phone No.	Date

BAC Code (i.e. 2.3.66 etc.)	TSR No.

OA FORM 67
Revised 10/95

MODEL NAME: _____

For extension 5-1451



6-2441	5-1441
6-2444	5-1447
5-1445	5-1449
5-1442	2-8904
5-1444	

PROJECT MANAGEMENT SPECIALIST: _____

AGENCY NAME: AIDS Policy

DEPT. COORDINATOR: _____

CUSTOMER APPROVAL: _____

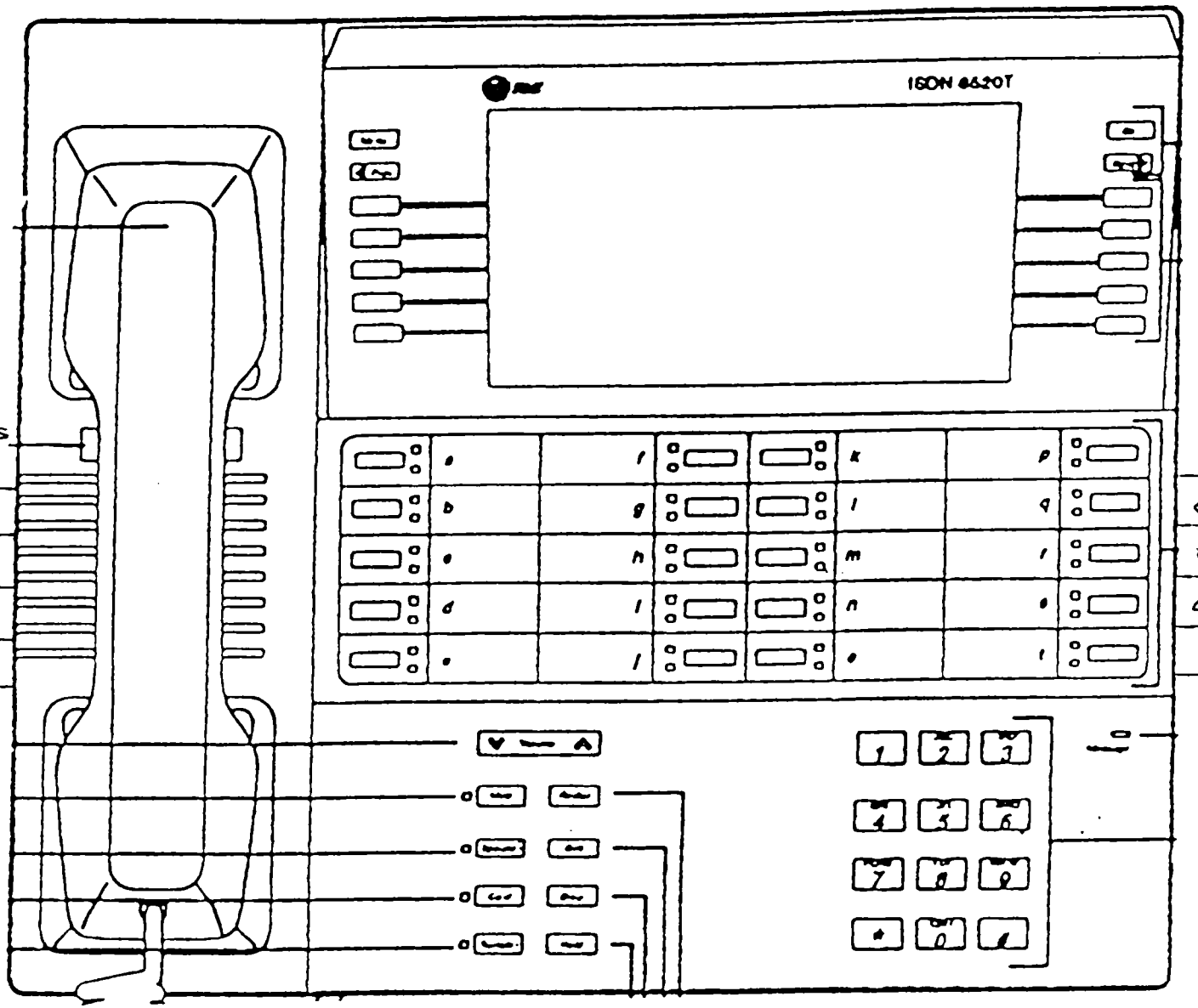
DATE: 10/9/98

BRAD	SARAH
TODD	
MATTHEW	
BOB	
ROSS	DANIEL

WASHINGTON

MODEL NAME: 8520

For ext. 6-2959



PROJECT MANAGEMENT SPECIALIST: _____

AGENCY NAME: AIDS Policy 62437

DEPT. COORDINATOR: _____

CUSTOMER APPROVAL: _____

DATE: _____

Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO)
O.E.O.B. Rm 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294
For technical assistance completing this form, call x6-6400

Current Date: 1-29-99

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
Todd Summers	AIDS Policy	736 Jackson	6-2444

Requested For (Print)	Agency	Bldg./Room No.	Phone No.

Requirements *Briefly describe requirement(s), then check or designate all that apply.)*

Date Required:

☐ Install* ☐ Move* ☒ Change ☐ Disconnect

*(Enter requirements below, **one** line at a time.)*

Please change the display on the following extensions
to read "AIDS Policy" : 5-1442 5-1447
5-1443 5-1448
5-1444 5-1449

Also, please reset voicemail for 5-1449

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
	10 Button Phone Set	☐	☐	Receive incoming calls
	20 Button Phone Set	☐	☐	Make outgoing calls
	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other _____
(Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.
Todd Summers	736 Jackson	6-2444

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg./Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date

Signature	BAC Code (i.e., 2, 3, 66, etc.)	TSR No.

OA FORM 57
Revised 10/95

OFFICE OF NATIONAL AIDS POLICY
EXECUTIVE OFFICE OF THE PRESIDENT
THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

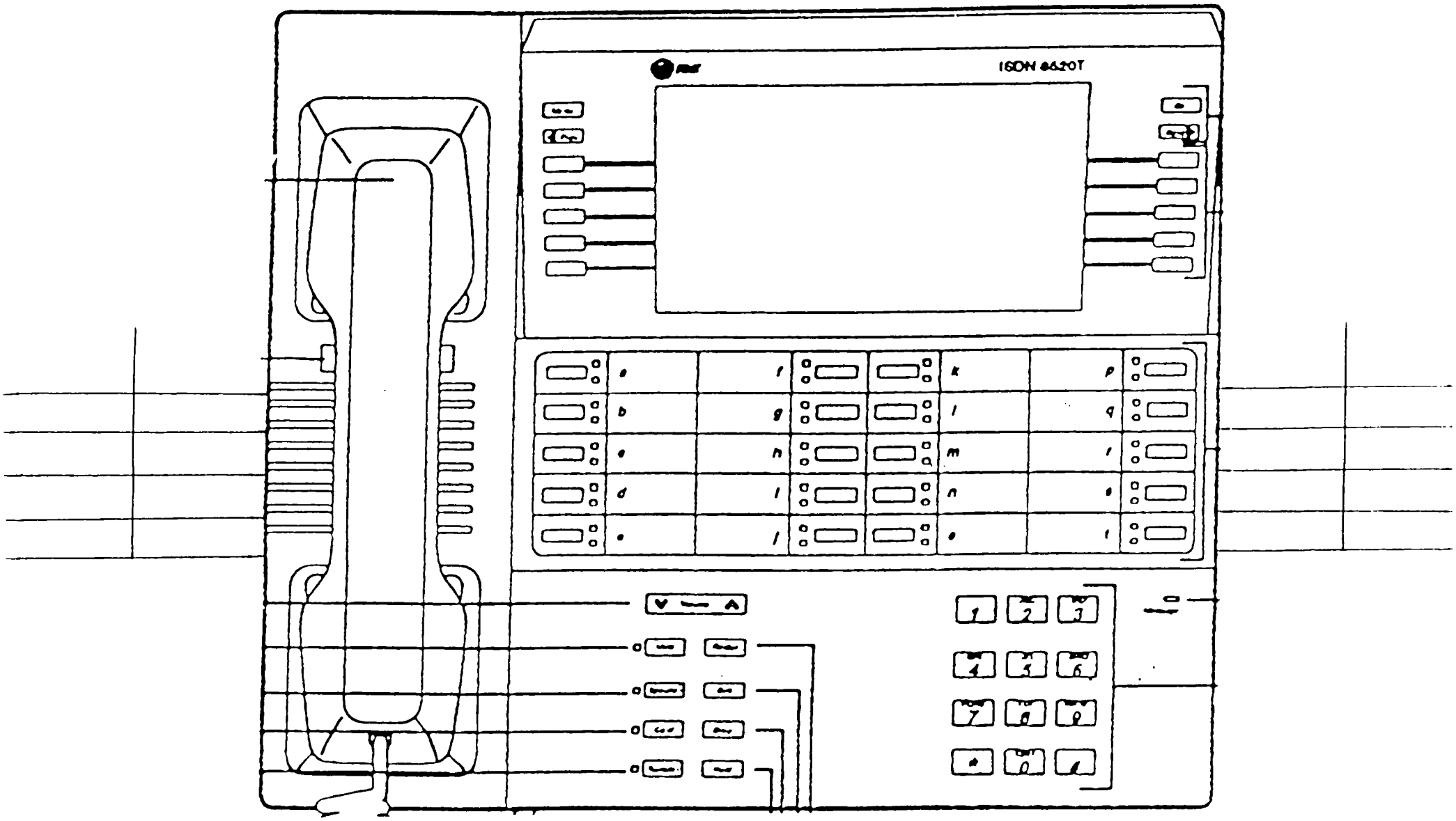
TO: **Doug Matties**	FROM: Todd Summers
COMPANY: Office of Administration	DATE: January 29, 1999
FAX NUMBER: (202) 456-1655	TOTAL NO. OF PAGES INCLUDING COVER: 1
PHONE NUMBER: (202) 456-2018	
RE: TSR	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTE/COMMENTS:

736 Jackson Place
Washington, DC 20503
(202) 456-2437
(202) 456-2438 (fax)

MODEL NAME: _____



PROJECT MANAGEMENT SPECIALIST: _____

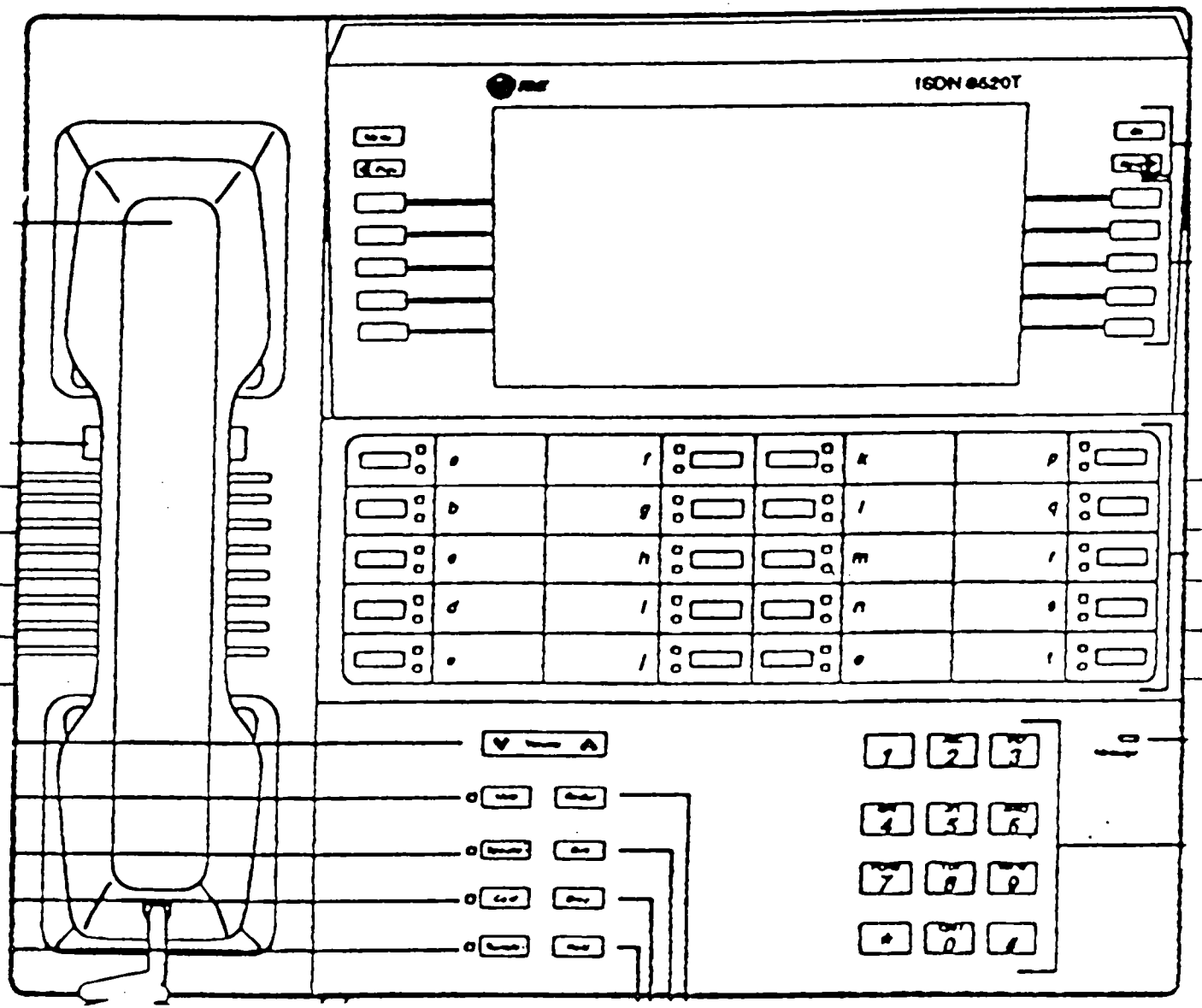
AGENCY NAME: _____

DEPT. COORDINATOR: _____

CUSTOMER APPROVAL: _____

DATE: _____

MODEL NAME: _____



PROJECT MANAGEMENT SPECIALIST: _____

AGENCY NAME: _____

DEPT. COORDINATOR: _____

CUSTOMER APPROVAL: _____

DATE: _____

Clinton Presidential Records
Digital Records Marker

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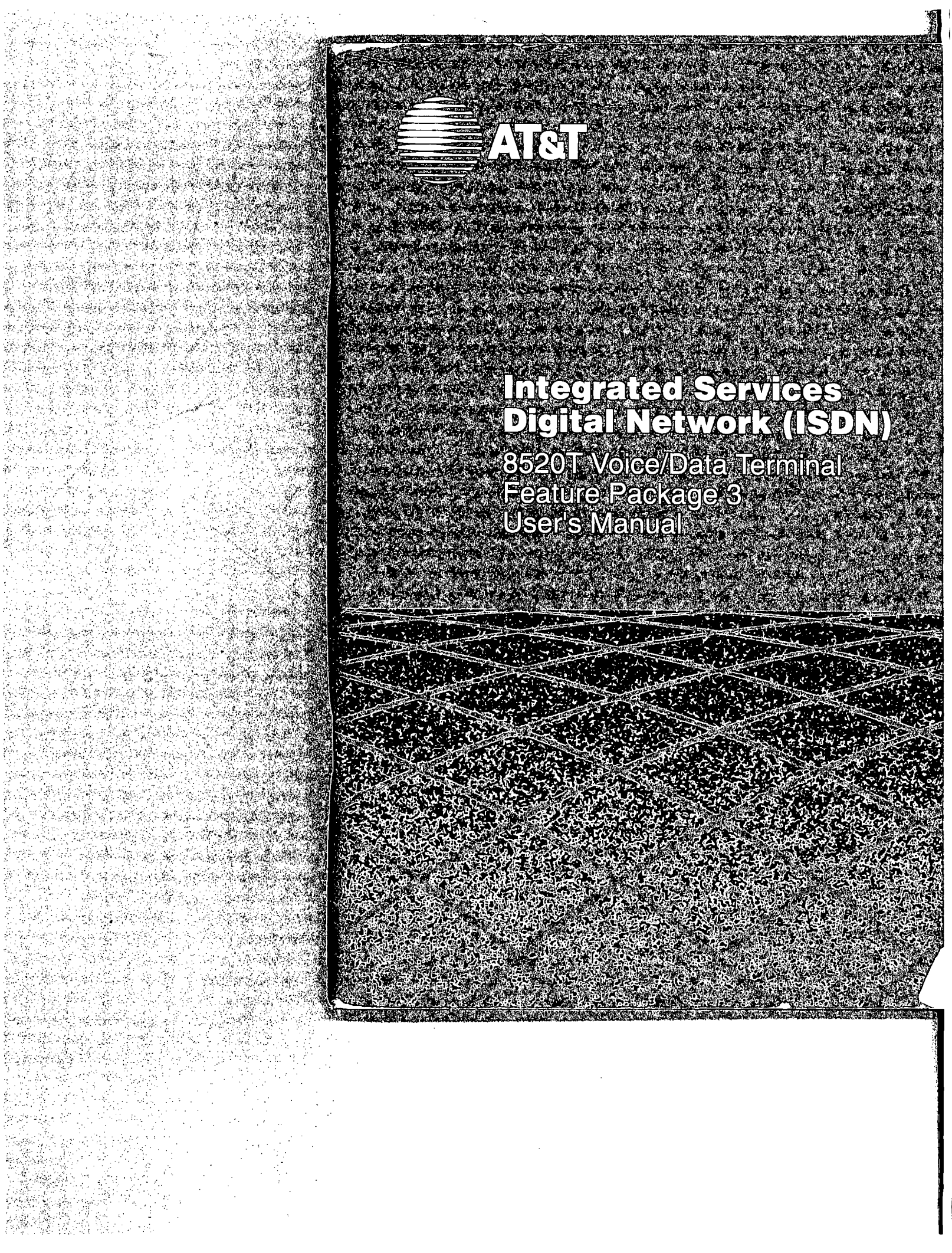
105 pgs


AT&T
Integrated Services
Digital Network (ISDN)
8520T Voice/Data Terminal
Feature Package 3
User's Manual

Clinton Presidential Records
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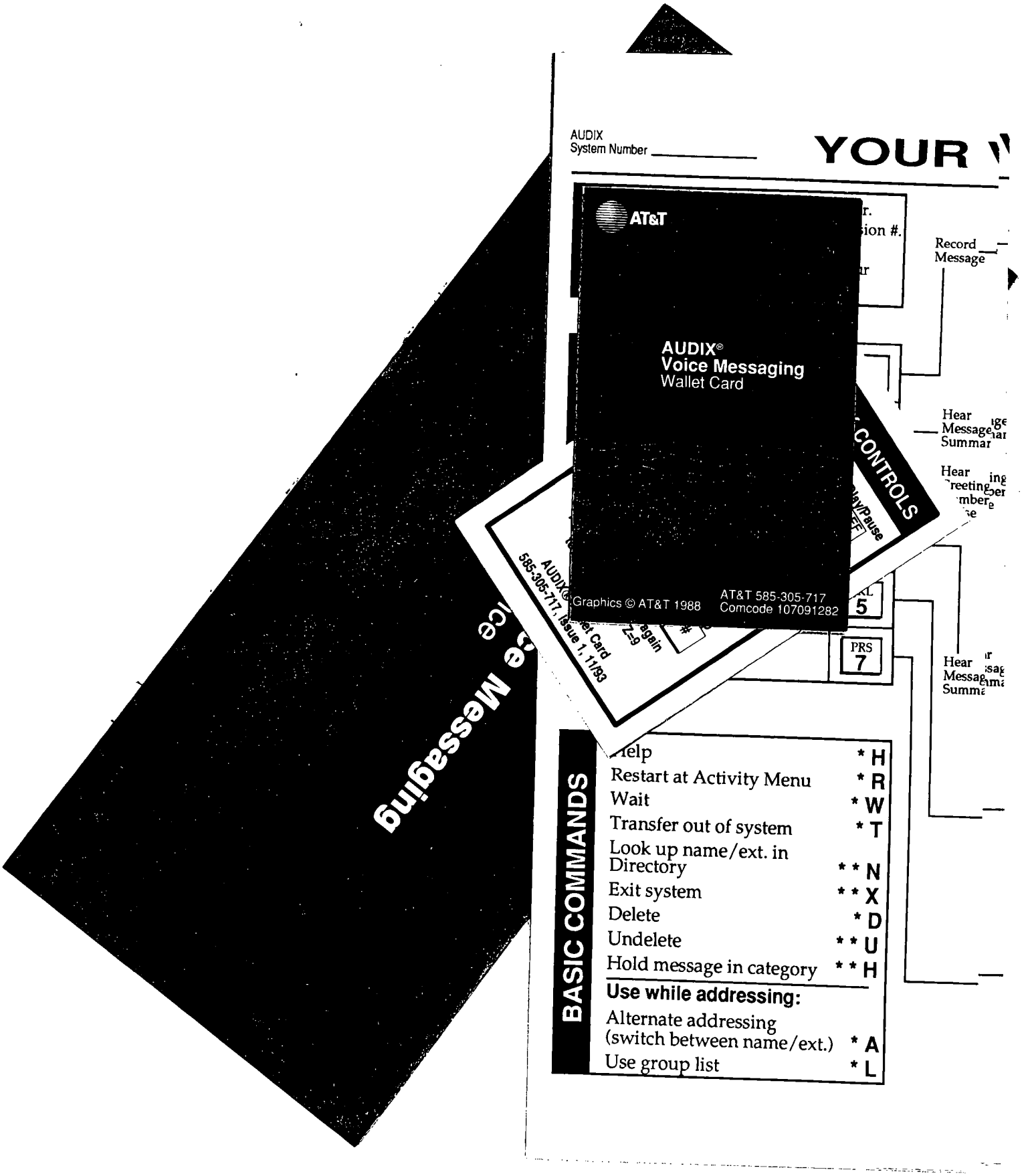
12 pgs


AUDIX
System Number
YOUR
AT&T
AUDIX®
Voice Messaging
Wallet Card
Graphics © AT&T 1988
AT&T 585-305-717
Comcode 107091282
Record
Message
CONTROLS
5
PRS
7
BASIC COMMANDS
Help * H
Restart at Activity Menu * R
Wait * W
Transfer out of system * T
Look up name/ext. in Directory * * N
Exit system * * X
Delete * D
Undelete * * U
Hold message in category * * H
Use while addressing:
Alternate addressing (switch between name/ext.) * A
Use group list * L

THE WHITE HOUSE

WASHINGTON

MEMORANDUM FOR ASHLEY RAINES

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 632-1090

Date: September 26, 1997

Re: PHONE SYSTEM NEEDS

As per our previous forty-eight discussions, attached is a chart of our phone needs. To summarize, we need:

Equipment
five (5) new handsets (ATT - MLX-10D)
one conference speaker phone
one headset (for ATT - MLX-20L)

Phone Lines
one (1) new phone line (for the office of the Deputy Director)
one (1) new fax line (for office of the Director)
five (5) phone lines that appear to need wiring or activation[1]

Also, as we have discussed, we would very much like to be linked to the OEOB phone system. If for some reason that is not possible, we would like to add some kind of voicemail capacity that works with the existing system (as opposed to the current "system" which requires individual mailboxes maintained through Nynex).

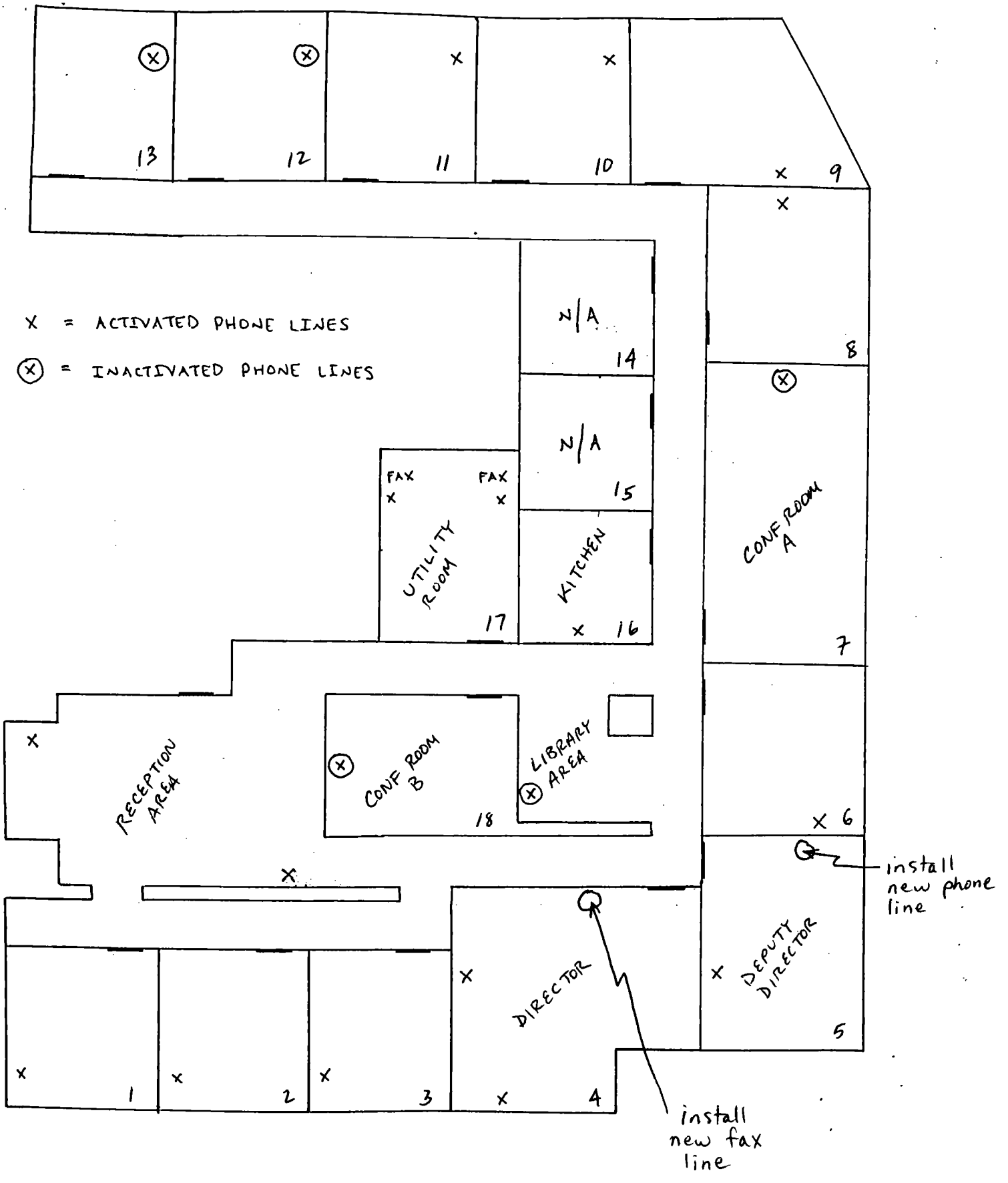
Please let me know if the information is not clear or you need anything else!

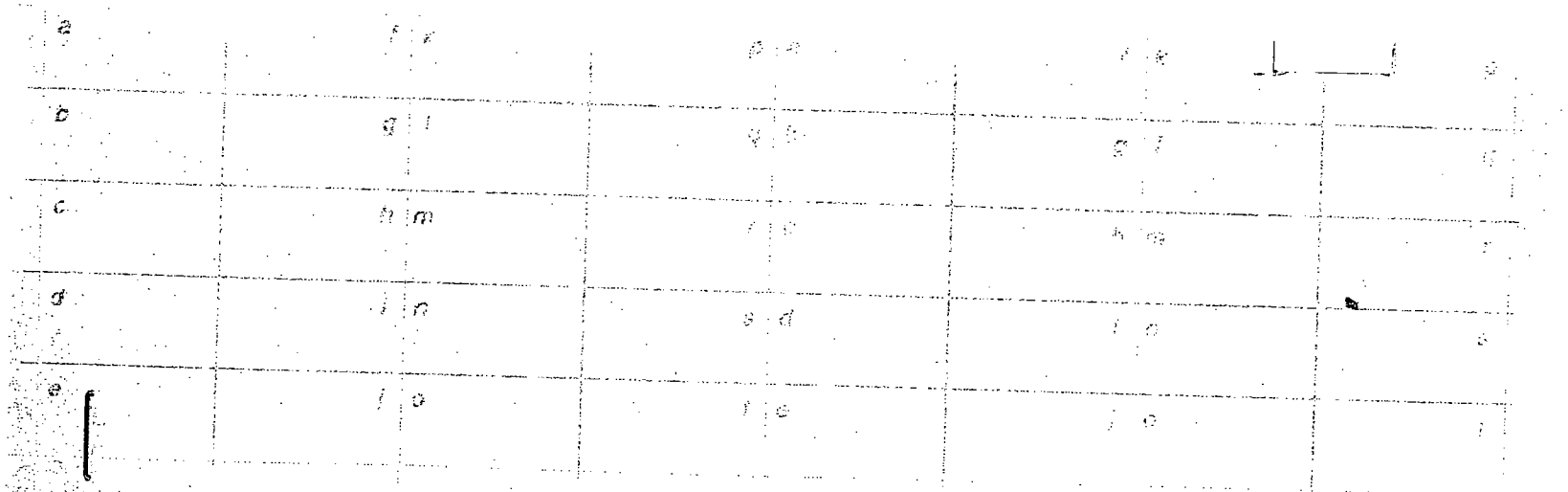
---

[1]There are jacks in all five locations, but it is not clear whether they are for computer network or phone system - we tried plugging in handsets but they didn't work. We need someone to come through and mark out which are which, and make sure that they are operable.

NEEDS – ONAP

	PHONE	PHONE LINE	FAX LINE
TODD'S OFFICE (5)	✓	INSTALL	
LARGE CONFERENCE ROOM A (7)	✓ (CONFERENCE)	ACTIVATE	
SMALL CONFERENCE ROOM B (18)	✓	ACTIVATE	
SANDY'S OFFICE (#4)			INSTALL
SUPPLY / FAX ROOM (#17)	✓	INSTALL	
LIBRARY AREA	✓	ACTIVATE	
BACK OFFICE (2ND TO LAST) (12)		ACTIVATE	
BACK OFFICE (LAST) (13)	✓	ACTIVATE	


X = ACTIVATED PHONE LINES
⊗ = INACTIVATED PHONE LINES
13
12
11
10
9
8
N/A
14
N/A
15
FAX
FAX
UTILITY ROOM
17
KITCHEN
16
CONF ROOM A
7
RECEPTION AREA
CONF ROOM B
18
LIBRARY AREA
6
install new phone line
DIRECTOR
DEPUTY DIRECTOR
5
1
2
3
4
install new fax line



For easier typing,
keep this section attached.
Remove before placing
under the 6520T card cover.

For easier typing,
keep this section attached.
Remove before placing
under the 6520T card cover.

For easier typing,
keep this section attached.
Remove before placing
under the 6520T card cover.

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keep this section attached.
Remove before placing
under the 6520T card cover.

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75 pgs

Lucent Technologies
Bell Labs Innovations

Integrated Services Digital Network (ISDN)
8510T Voice Terminal Feature Package 3 User's Manual

555-021-736
Comcode 107964504
Issue 2
January 1997

Clinton Presidential Records
Digital Records Marker

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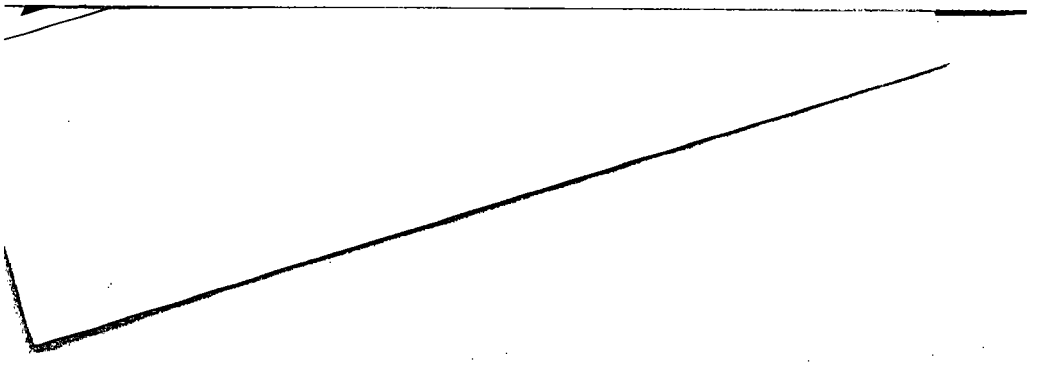
Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.

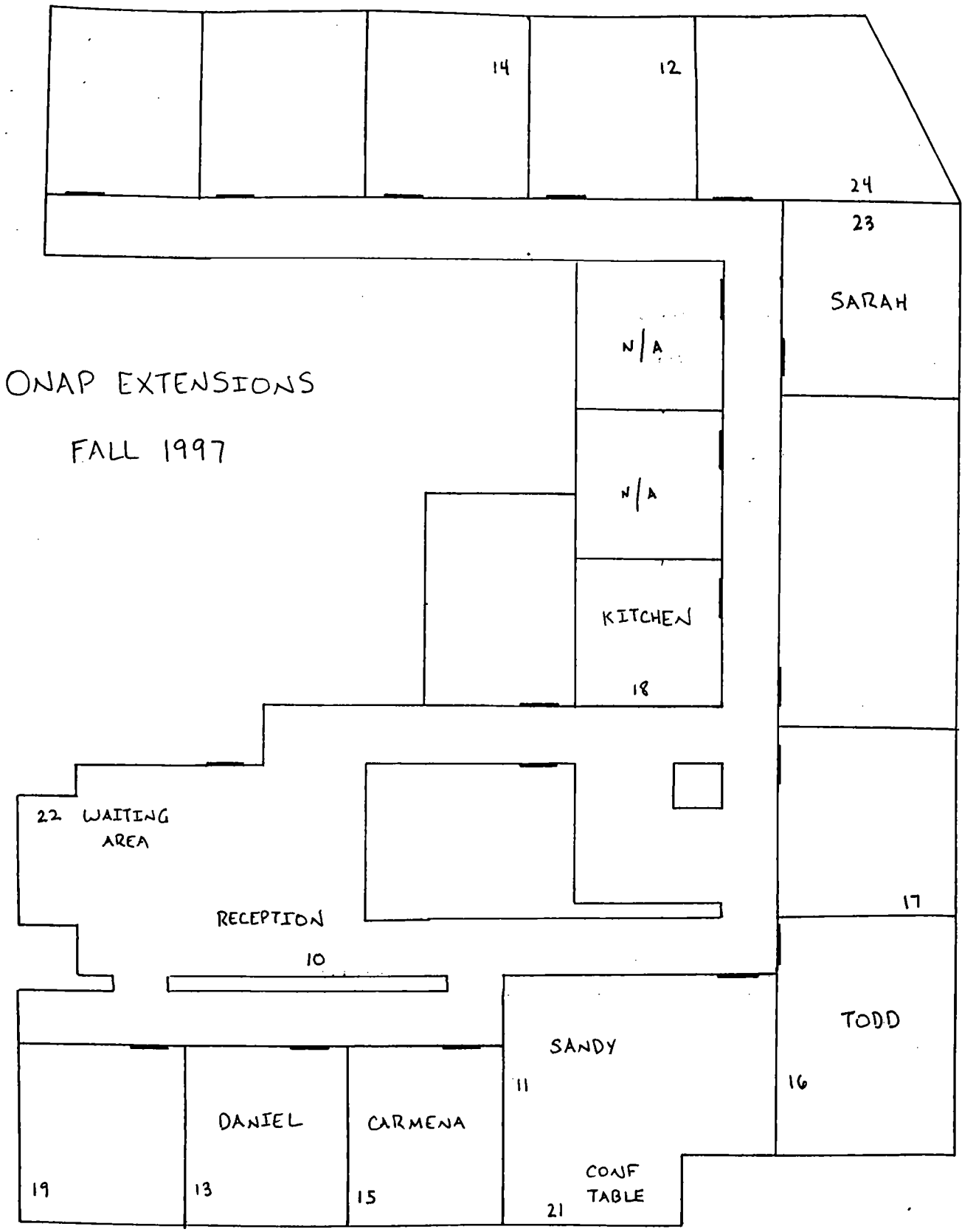
20 pgs

Integrated Services Digital Network (ISDN)

8510T Voice Terminal Instructions for Changing the Jumper Settings for the Terminating Resistors and for AUX and PHAN Power Options

555-021-738
Comcode 107964546
Issue 2
December 1996




14
12
24
23
SARAH
N/A
N/A
KITCHEN
18
ONAP EXTENSIONS
FALL 1997
22 WAITING AREA
RECEPTION
10
17
TODD
SANDY
11
16
DANIEL
CARMENA
CONF TABLE
21
19
13
15

Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO)
OEOB, Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294.
For technical assistance completing this form, call x6-6400.

Current Date

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
	AIDS Policy	736 J.P.	6-2437
Requested For (Print)	Agency	Bldg./Room No.	Phone No.

Requirements *(Briefly describe requirement(s), then check or designate all that apply.)*

Date Required

☐ Install* ☐ Move* ☐ Change ☐ Disconnect

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
____	10 Button Phone Set	☐	☐	Receive incoming calls
____	20 Button Phone Set	☐	☐	Make outgoing calls
____	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other _____ (Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg./.Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date
Signature	BAC Code [illegible]	TSR No.	

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Revised 10/95

Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

Send to: Telecommunications Service Office (TSO)
OEOB, Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294.
For technical assistance completing this form, call x6-6400.

Current Date: 2/8/00

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
Cheryl Bauerle	AIDS Policy	736 JP	6-2437
Requested For (Print)	**Agency**	**Bldg./Room No.**	**Phone No.**

Requirements *(Briefly describe requirement(s), then check or designate all that apply.)*

Date Required:

☐ Install* ☐ Move* ☒ Change ☐ Disconnect

Please program auto attendant per attached

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
____	10 Button Phone Set	☐	☐	Receive incoming calls
____	20 Button Phone Set	☐	☐	Make outgoing calls
____	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

10 9

Other 1 ## 2816088
(Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.
Cheryl Bauerle	736 JP	6-2959

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg./Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date
Signature	BAC Code: [illegible]	TSR No.	

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Auto-Attendant Programming Needs

Menu needs to be programmed into the auto-attendant so outside callers may choose to be automatically transferred to another extension corresponding to the following list:

1	X6-2959
2	X5-1445
3	X6-2959
4	X5-1447
5	X5-1441
6	X5-1449
7	Recorded contact information (address, fax, etc)
8	Repeat auto-attendant recording
0	ring X6-2437 again

If no number were pressed, the caller should be transferred to the auto attendant general voicemail.

Auto-Attendant Script:

Thank you for calling the White House Office of National AIDS Policy.
You may choose an extension at any time, or stay on the line for the general voicemail.
For the Office of the Director, Sandra Thurman, please press 1.
For Daniel Montoya, Executive Director of the Presidential Advisory Council on HIV/AIDS, press 2.
For Cheryl Bauerle, press 3.
For ~~Paul Gaist,~~ press 4.
For Sarah Holewinski, press 5.
For Matthew Murguia press 6.
For ~~Office of National AIDS Policy contact information, press 7.~~
To repeat these options, press 8.
To reach the receptionist, press 0.
To leave a message in the general voicemail, please stay on the line.
Thank you for calling.

Executive Office of the President
Office of Administration

TELECOMMUNICATIONS SERVICE REQUEST

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OEOB, Rm. 019 Fax Number (202) 456-9800

TSO MAIN NUMBER X6-6400
For assistance completing this form, call x6-7294.
For technical assistance completing this form, call x6-6400.

Current Date

Requestor's Name (Print)	Agency	Bldg./Room No.	Phone No.
Cheryl Bauerle	AIDS Policy	736 J.P.	6-2437
Requested For (Print)	**Agency**	**Bldg./Room No.**	**Phone No.**
			6-2437

Requirements *(Briefly describe requirement(s), then check or designate all that apply.)*

Date Required: ASAP

☐ Install* ☐ Move* ☒ Change ☐ Disconnect

Please change # 4 on auto attendant to ring @ receptionist's desk to Dr. Eric Goosby @ x6-2442.

Please call me when order is complete @ 6-2959.

Thanks-
Cheryl

*Attach floor plan

ESTIMATE REQUIRED: ☐ Check here if you wish to receive an estimate before the job is started.

QTY	ITEM DESCRIPTION	Y	N	RESTRICTIONS
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____	Telephone Line(s)	☐	☐	Make local calls
		☐	☐	Make long distance calls
		☐	☐	Make international calls

Other _____ (Specify)

CONTACT INFORMATION

Name (Print)	Bldg./Room No.	Phone No.
Cheryl Bauerle	736 JP.	6-2959

TELECOMMUNICATIONS REPRESENTATIVE AUTHORIZATION

Name (Signature)	Bldg./Room No.	Phone No.	Date
Name (Print)			

FUND MANAGER

Name	Bldg./Room No.	Phone No.	Date
Signature	BAC Code [illegible]	TSR No.	

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