



Date: _____

Phone Model: TeleMatrix 3300MWD5

Hotel Name: _____

Hotel Number: _____

Hotel Fax: _____

Material: Clear Overlay

FP Quantity: _____

Approved Not Approved

X
Signature of Approval Required

Print Name

Date PO#

If Not Approved, mark changes on faceplate or note them below.

6	7	8	9	10
1	2 ABC	3 DEF	Redial	
4 GHI	5 JKL	6 MNO	Vol▲	
7 PRS	8 TUV	9 WXY	Vol▼	
✕	0 OPER	##	Conference	
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			Mute	Speaker
FOR MESSAGE				PRESS HERE

NOT ACTUAL SIZE / JUST A PROOF