



Date: _____

Phone Model: TeleMatrix 3300MWD

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.

1	2	3	4	5
6	7	8	9	10
1	ABC 2	DEF 3	<input type="checkbox"/>	
			Redial	
GHI 4	JKL 5	MNO 6	<input type="checkbox"/>	
			Vol▲	
PRS 7	TUV 8	WXY 9	<input type="checkbox"/>	
			Vol▼	
X	OPER 0	##	<input type="checkbox"/>	
			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