



Date: _____

Phone Model: TeleMatrix 3302MWD5

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

NOT ACTUAL SIZE / JUST A PROOF