



Date: _____

Phone Model: TeleMatrix 3302MWD

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▼	
<input type="checkbox"/> ✕	OPER 0	<input type="checkbox"/> #	<input type="checkbox"/> Conference	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Hold	<input type="checkbox"/> Line 1	<input type="checkbox"/> Line 2	<input type="checkbox"/> Mute	<input type="checkbox"/> Speaker
FOR MESSAGE			PRESS HERE	

NOT ACTUAL SIZE / JUST A PROOF