



Date: _____

Phone Model: Teledex Opal 1003

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.

D
A
T
A
P
O
R
T

FLASH REDIAL HANDSET
VOLUME

NOT ACTUAL SIZE / JUST A PROOF