



Date: \_\_\_\_\_

Phone Model: Teledex DCT1910

Hotel Name: \_\_\_\_\_

Hotel Number: \_\_\_\_\_

Hotel Fax: \_\_\_\_\_

Material: Clear Overlay

FP Quantity: \_\_\_\_\_

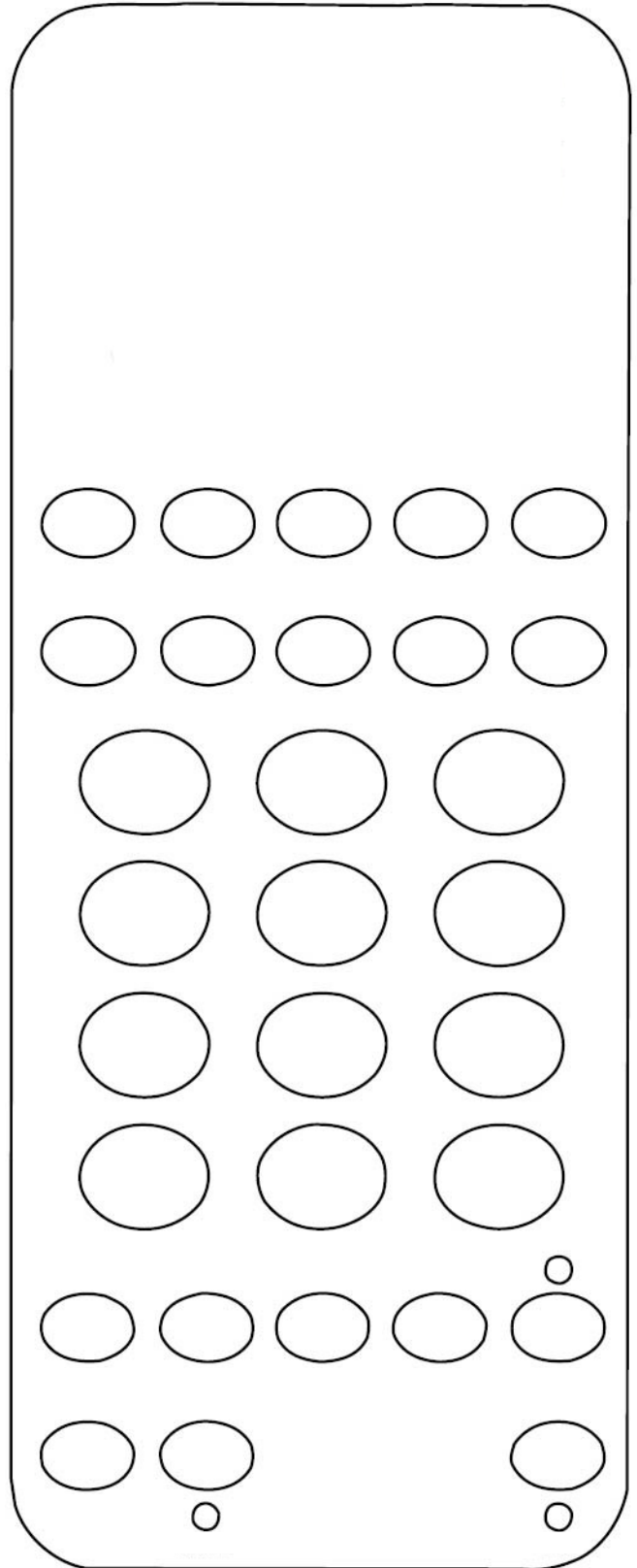
Approved  Not Approved

X  
Signature of Approval Required

\_\_\_\_\_  
Print Name

               
Date PO#

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



NOT ACTUAL SIZE / JUST A PROOF