

AUDIO CONFERENCING CARD REQUEST / RECEIPT

(For use of this form see USARC Reg 25-10; the proponent agency is the DCS,G-6)

Section I - REQUESTOR INFORMATION [Complete and submit to DCS,G-6 or Servicing DOIM]

Date Requested (MM/DD/YY) _____

Name _____ Rank _____
(Last, First, and Middle Initial)

Duty Position _____

Unit of Assignment _____

Unit Address _____
(Street Address, City, State, and Zip Code)

Unit Telephone Number (____) _____

Reason for Request

- Chief of Staff Audio Conference
 Unit Staff Audio Conference
 Training [If Distance Learning, identify on phone bills at time of validation.]
 Other: _____

Section II - APPROVAL/DISAPPROVAL [For DCS,G-6 and Servicing DOIM Use Only]

Date Request Approved/Disapproved (MM/DD/YY) _____

Approved.
* Audio Conferencing Card Control Number: _____

Disapproved. Reason for Disapproval: _____

Approving Authority: _____
(Printed name/title) (Signature)

Section III - RECEIPT OF AUDIO CONFERENCING CARD [Requestor completes upon receipt of card]

"I, _____
(Print First Name, Middle Initial, and Last Name)

acknowledge receipt of Audio Conferencing Card Number [*] _____
[* From Sec II, above]

I am responsible for safeguarding this card from loss, fraudulent, or unofficial use, and any failure on my part to do so may result in disciplinary action and direct billing. I agree to return this card to the office of issue when I am transferred, separated, or no longer require it in the performance of my official duties."

(Printed Name of Individual)

(Signature)

Date Card Received (MM/DD/YY)