

TELEPHONE SERVICE REQUEST

Exhibit B

SECTION I - (TO BE COMPLETED BY GSA)

Perform all work outlined below and invoice in accordance with published tariff.

TELEPHONE COMPANY	DOC. I.D.	SYSTEM I.D.	ORDER NUMBER	PAGE NO.
	TSR			
AUTHORIZED SIGNATURE, TELEPHONE NUMBER AND LOCATION				DATE SIGNED

SECTION II - (TO BE COMPLETED BY REQUESTING AGENCY)

AGENCY NAME			WORK SITE		PERSON TO CONTACT
Farmers Home Administration			Greensboro, NC District Office		District Director
SEQUENCE NUMBER	CUSTOMER NUMBER	AGENCY ORDER NUMBER	LOCATION CODE	SERVICE REQUEST DATE	We hereby request GSA to have the work performed as indicated below.
00		3802		As Soon As Possible	
SPECIAL INSTRUCTIONS					DATE SIGNED
Continue to send all bills on SIBAC through pay station 12-40-0001.					10-12-84
"I certify that this order complies with FPMR 101-37."					
If there is no additional charge for color, contact the local office for their color selection.					

This confirms the telephone conversation between Shirley Bell, GSA, FTS 629-2111 and Lorene Phillips, FmHA, Raleigh, NC, FTS 672-4640, on 10-13-84.

IF ANY CHANGES ARE REQUIRED CONTACT THE STATE OFFICE - TELEPHONE NUMBER LISTED ABOVE.

LINE NO.	ACTION CODE	QTY.	VENDOR CODE	DESCRIPTION
03				(On GSA orders, 2 inches
04				should be left blank)
05				Install the following additional
06				equipment in the district office
				located at 2303 W. Meadow View Road,
				Greensboro, NC, as soon as possible:
				1 main line to work in rotary (hunt)
				with 299-1256 and 1257.
10				
11				EQUIPMENT WILL CONSIST OF:
12				
13				3 main lines - rotary
14				7 6-button key sets with lights, holds
15				and pickups on both lines and intercom
16				Dial intercom
17				
18				MONTHLY INCREASE: \$35.00
19				NRC: \$230.00
20				
21				TELEPHONE NUMBERS: 919-299-1256,7,8
22				
23				(only on last copy)
24				cc: State Director, FmHA
25				Raleigh, NC
26				
27				District Director, FmHA
28				Greensboro, NC 39605
29				
30				Finance Office - 2 copies
31				

SECTION III - (TO BE COMPLETED BY SERVING TELEPHONE COMPANY)

NON-RECURRING CHARGE	EFFECTIVE BILLING DATE	The above work was completed by the date indicated.	SIGNATURE AND TELEPHONE NUMBER	DATE SIGNED

TELEPHONE SERVICE REQUEST

SECTION I - (TO BE COMPLETED BY GSA)

perform all work outlined below and invoice in accordance with published tariff.

TELEPHONE COMPANY	DOC. I.D.	SYSTEM I.D.	ORDER NUMBER	PAGE NO.
P.O. Box 1741, Asheville, NC 28801	TSR			
AUTHORIZED SIGNATURE, TELEPHONE NUMBER AND LOCATION				DATE SIGNED

SECTION II - (TO BE COMPLETED BY REQUESTING AGENCY)

AGENCY NAME		WORK SITE		PERSON TO CONTACT	
Farmers Home Administration		Hendersonville, NC county office		county supervisor	
SEQUENCE NUMBER	CUSTOMER NUMBER	AGENCY ORDER NUMBER	LOCATION CODE	SERVICE REQUEST DATE	We hereby request GSA to have the work performed as indicated below.
00		3801		As Soon As Possible	AUTHORIZED SIGNATURE: <i>Joseph B. Cash</i> JOSEPH B. CASH, Administrative Officer
SPECIAL INSTRUCTIONS					DATE SIGNED: 10-12-84
Continue to send all bills to National Finance Center, P.O. Box 60,000, New Orleans, LA 70160. This account is exempt from all Federal and State taxes. Our tax exemption number is 7205 648 34F. Section 3628 of the revised statutes provides that public funds may not be disbursed in advance of the service rendered. Therefore, please bill in arrears. If this cannot be accomplished, payment of bills shall be withheld until the period of service covered by the bill has expired. THIS IS A CONFIRMING ORDER. This confirms the telephone conversation between Nancy Wells, ATTIS, Asheville, NC, 704-997-4495 and Lorene Phillips, FmHA, Raleigh, NC, 704-693-1734 on 10-12-84. IF ANY CHANGES ARE REQUIRED CONTACT THE STATE OFFICE-704-693-1734.					

LINE NO.	ACTION CODE	QTY.	VENDOR CODE	DESCRIPTION
03				Install one additional 6-button key set with lights, holds and pickups.
04				
05				
				MONTHLY INCREASE: \$5.65
				NRC: \$30.00
09				TOTAL EQUIPMENT TO CONSIST OF:
10				
11				2 main lines - rotary
12				5 6-button key sets with lights, holds and pickups on 2 lines and intercom
13				
14				Dial intercom
15				
16				TELEPHONE NUMBER: 919-492-4161
17				
18				(not on original)
19				cc: State Director, FmHA
20				Raleigh, NC
21				
22				County Supervisor, FmHA
23				Hendersonville, NC 38-45
24				
25				Finance Office - 2 copies
26				
27				
28				
29				
30				

SECTION III - (TO BE COMPLETED BY SERVING TELEPHONE COMPANY)

NON-RECURRING CHARGE	EFFECTIVE BILLING DATE	The above work was completed by the date indicated.	SIGNATURE AND TELEPHONE NUMBER	DATE SIGNED

TELEPHONE SERVICE REQUEST

SECTION I - (TO BE COMPLETED BY GSA)

Please perform all work outlined below and invoice in accordance with published tariff.

SERVING TELEPHONE COMPANY	DOC. I.D.	SYSTEM I.D.	ORDER NUMBER	PAGE NO.
	TSR			

AUTHORIZED SIGNATURE, TELEPHONE NUMBER AND LOCATION

DATE SIGNED

SECTION II - (TO BE COMPLETED BY REQUESTING AGENCY)

AGENCY NAME			WORK SITE		PERSON TO CONTACT
Farmers Home Administration			Finance Office, St. Louis, MO		Larry Staton
SEQUENCE NUMBER	CUSTOMER NUMBER	AGENCY ORDER NUMBER	LOCATION CODE	SERVICE REQUEST DATE	We hereby request GSA to have the work performed as indicated below:
00	0332	7001		Nov. 1, 1984	AUTHORIZED SIGNATURE <i>Larry Staton</i> LAWRENCE STATON, Communications Specialist DATE SIGNED 10/9/84

SPECIAL INSTRUCTIONS

"I certify that this order complies with FPMR 101-37."

For any questions contact Larry Staton, Room 2122, Ext. 4413.

Send all bills on SIBAC through pay station 12-40-0001.

LINE NO.	ACTION CODE	QTY.	VENDOR CODE	DESCRIPTION
03				(On GSA orders, 2 inches
04				should be left blank)
05				
06				Room 3441
07				Key System-53
08				
09				Install 1 6-button wall phone (beige)
10				PKU 4436,6324,4438,Com1 - no ring or buz.
11				
12				Install 24' receiver cord on K VX, PKU
13				4436,6324,4438,IC-9.
14				
15				(only on last copy)
16				
17				cc: Larry Staton
18				File
19				Budget
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				

SECTION III - (TO BE COMPLETED BY SERVING TELEPHONE COMPANY)

NON-RECURRING CHARGE	EFFECTIVE BILLING DATE	The above work was completed by the date indicated	SIGNATURE AND TELEPHONE NUMBER	DATE SIGNED
----------------------	------------------------	--	--------------------------------	-------------

UNITED STATES DEPARTMENT OF AGRICULTURE
TRANSMITTAL - TELEPHONE AND UTILITIES

IDENTIFICATION

1 (Check One) (1) Service Contract or Utility Agency	2 T/A CONTACT POINT (10) 0729708004	3 DOCUMENT NUMBER (6) 320101	4 ACTION CODE (1) 2	5 ACC. NUMBER (25) OR TELEPHONE NO. (10) 2059747607	6A SUP. PIX (2)	6B BUILDING TYPE (1) (Check One) ☐ Government D. ☐ Leased
7 GSA GEOGRAPHICAL LOCATION CODE (8) 01 2150 079		8 GSA GEOGRAPHICAL LOCATION CODE CORRECTION (8)		9 ACC. NO. (25) OR TELEPHONE NO. (10) CORRECTION		10 EFFECTIVE MONTH (2)

A VENDOR

11 NAME (35)

12 ADDRESS (35)

13 CITY (20)

14 STATE (2)

15 ZIP CODE (5)

C SERVICE LOCATION

17 NAME (35)

18 ADDRESS (35)

19 CITY (20)

20 STATE (2)

21 ZIP CODE (5)

D VENDOR IDENTIFICATION (35)

E SERVICE DESCRIPTION

22 TYPE OF SERVICE	23 ACTION CODE	24 SERVICE DATE	25 RATE TABLE	26 BILLING CYCLE	27 MAXIMUM BILL AMOUNT
1	1	4	1	2	12

F MISCELLANEOUS

28 STATE OR LOCAL TAX (1)

29 ANTICIPATED BILL ADJ. (7)

30 REFUNDABLE DEPOSITS (7)

31 CUSTOMER ID (8)

G ACCOUNTING CLASSIFICATION

FIN. ACCT. (PPRN)	CLASS. CODE	STATE CHARGED	STATE WORKED	AREA	FIELD OFFICE	FIPS CITY CODE	PROJECT NUMBER	SCS	FUND CODE	F/FI UNIT
STATE	ACCOUNT	FUNCTION	SUB-FUNCTION	SUB-UNIT	PROJECT NUMBER	PROJECT NUMBER	PROJECT NUMBER	FS		
A	B	C	D	E	F	G	H	I	J	K
5	10	5	3	4	1	4	1	2	2	2
									TH	

SIGNATURE

PHONE

UNITED STATES DEPARTMENT OF AGRICULTURE
TRANSMITTAL - TELEPHONE AND UTILITIES

FmHA Instruction 2030-B
Exhibit F-2
Page 2

A IDENTIFICATION

1 (Check One) (1) ☐ Service Contract ☐ Single Agency	2 T/A CONTACT POINT (10) 0729708004	3 DOCUMENT NUMBER (8)	4 ACTION CODE (1)	5 ACC. NUMBER (25) OR TELEPHONE NO. (10)	6A SUP. PIX (2)	6B BUILDING TYPE (1) (Check One) ☐ Government ☐ Leased
7 GSA GEOGRAPHICAL LOCATION CODE (9)		8 GSA GEOGRAPHICAL LOCATION CODE CORRECTION (9)		9 ACC. NO. (25) OR TELEPHONE NO. (10) CORRECTION		10 EFFECTIVE MONTH (2)

B VENDOR			C SERVICE LOCATION		
11 NAME (35) Southern Bell Telephone Company			17 NAME (35) FmHA County Office		
12 ADDRESS (35) 4321 WXYZ Street			18 ADDRESS (35) 1234 ABC Street		
13 CITY (20) Birmingham	14 STATE (2) AL	15 ZIP CODE (5) 35400	19 CITY (20) Moulton	20 STATE (2) AL	21 ZIP CODE 35401

D VENDOR IDENTIFICATION

E SERVICE DESCRIPTION

22 SERVICE TYPE	23 ACTION CODE	24 SERVICE DATE	25 RATE TABLE	26 BILLING CYCLE	27 MAXIMUM BILL AMOUNT
1	1	4	1	2	12
P				M	S160 T400

F MISCELLANEOUS

28 STATE OR LOCAL TAX (1)	29 ANTICIPATED BILL ADJ. (7)	30 REFUNDABLE DEPOSITS (7)	31 CUSTOMER ID (6)
---------------------------	------------------------------	----------------------------	--------------------

G ACCOUNTING CLASSIFICATION

FPM PROJ	CLASS CODE	STATE CHARGED	STATE WORKED	AREA	FIELD OFFICE	FIPS CITY CODE	PROJECT NUMBER				SCS	FUNC CODE	F. UNI
							PROJECT NUMBER						
APPAN	STATE	ACCOUNT		FUNCTION	SUB-FUNCTION	SUB-UNIT	1	4	1	2	DIST RATES	2	2
A	B	10		C	D	4	E						
												TH	

SIGNATURE	PHONE (Area Code and Number)	DATE
	FTS COMM	

UNITED STATES DEPARTMENT OF AGRICULTURE
TRANSMITTAL - TELEPHONE AND UTILITIES

Instruction 2030-B
Exhibit F-2
Page 3

A IDENTIFICATION

1 (Check One) (1) Service Center Single Agency	2 T/A CONTACT POINT (10) 0729708004	3 DOCUMENT NUMBER (6)	4 ACTION CODE (1)	5 ACC. NUMBER (25) OR TELEPHONE NO. (10)	6A SUP- FIX LD	6B BUILDING TYPE (11) (Check One) ☐ Government C ☐ Leased
7A GEOGRAPHICAL LOCATION CODE		8 GSA GEOGRAPHICAL LOCATION CODE CORRECTION (8)		9 ACC. NO. (25) OR TELEPHONE NO. (10) CORRECTION		10 EFFECTIVE MONTH (2)

B VENDOR

11 NAME (35)			17 NAME (35)		
12 ADDRESS (35)			18 ADDRESS (35)		
13 CITY (20)	14 STATE (2)	15 ZIP CODE (5)	19 CITY (20)	20 STATE (2)	21 ZIP CODE

16 VENDOR IDENTIFICATION (20)

D SERVICE DESCRIPTION

22 TYPE SERVICE	23 ACTION CODE	24 SERVICE DATE	25 RATE TABLE	26 BILLING CYCLE	27 MAXIMUM BILL AMOUNT
1	1	4	1	2	12

E MISCELLANEOUS

28 STATE OR LOCAL TAX (1) N	29 ANTICIPATED BILL ADJ. (7) +235.90	30 REFUNDABLE DEPOSITS (7)	31 CUSTOMER ID (8)
--------------------------------	---	----------------------------	--------------------

F ACCOUNTING CLASSIFICATION

FIN PROJ APPRN	CLASS CODE STATE	STATE CHARGED ACCOUNT	STATE WORKED	AREA FUNCTION	FIELD OFFICE SUB-FUNCTION	FIPS CITY CODE SUB-UNIT	PROJECT NUMBER PROJECT NUMBER	SCS FS DIST RATE	FUND CODE	F UN
A	B	C	D	E	F	G	H	I	J	K
		501371000701040								TH

SIGNATURE
G. Shelby Kennard
G. SHELBY KENNARD, Administrative Officer
(5-8-85) PM 964

PWD
534