



Tonga Communications Corporation

Private Bag 4
Nuku'alofa
Tonga Is
Phone: (676) 20000 Fax: (676) 27255

FOR OFFICE USE ONLY:

Receipt No. _____

Date: ____/____/20____

PRINTOUT CALL DETAILS
Request Form

REQUESTING PRINTOUT OF CALL DETAIL RECORDS

TO: IT Section
FROM: Sales & Marketing Manager
CC: Manager - Finance Operation

DETAILS INFORMATION:

1. Subscriber Name/ Ph No. _____ Ph No. /__/_/_/_/_/_/_/_/_/

2. Requested By: _____ Signature: _____

3. Date Request Made: ____/____/20____

4. Staff Receiving Request: _____

5. Starting Month/ Year: ____/____/20____ Ending Month/ Year: ____/____/20____

TYPE OF CALLS REQUESTED:

(OUTWARD)

- a. Include Local Calls Yes No
- b. Include STD/ ISD Calls Yes No

PAYMENT METHOD:

- Charge Account Direct Payment

CHARGES:

Service Fee: \$ 10.00

Printing Charge: \$ _____ (25 seniti per page) Number of Pages: /_/_/_/_/_/_/

Sub Total: \$ _____

Consumption Tax: \$ _____

TOTAL CHARGES: \$ _____

Prepared By: _____ Signature: _____

Date: ____/____/20____

ACCOUNT PERSONNEL:

Entered to the Account Book by: _____

Signature: _____ Date: ____/____/20____