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**_____