State of Alaska
Enterprise Technology Services

Telephone Billing Adjustment No. _____

Location: ☐Anchorage ☐Fairbanks ☐Juneau

Dept./Div./Sect: _____ **Dept/Div Code**: _____

Requestor: _____**Requestor Phone No**: _____

Bill Type: (Check all the appropriate)

☐ Equipment
☐ Basic Telephone Service
☐ Optional feature
☐ Telephone Service Request
☐ Long Distance - On Net

Billing Month: _____

Amount Billed: _____

Adjustment Amount Requested: _____

Reason for Request: (Please list affected extensions when appropriate)

Name of Agency Contact with fiscal authority:_____
Date: _____

Enterprise Technology Services (ETS) Response:

Adjustment Billing Month: _____

Adjustment Amount: _____

ETS Employee: _____

Please FAX form to:

For GCI provided services: 1-866-561-1855

For all other services: 907-465-2161