

**Illinois Department of Innovation & Technology**

**COST CENTER (AU) REQUEST FORM  
COMMUNICATIONS REVOLVING FUND**

**PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION**

REQUESTED ACTION

ADD

CHANGE

DELETE

AGENCY & DIVISION

COST CENTER NUMBER (billing account )

DESCRIPTION

INVOICE MAILING ADDRESS  
(30 character maximum per line)

CITY

STATE

ZIP

FEDERAL EMPLOYEE ID NUMBER

\*\* Non-State Agencies must provide FEIN \*\*

CONTACT NAME

CONTACT PHONE NUMBER

E-MAIL ADDRESS

DATE OF REQUEST

FORWARD TO

**State of Illinois  
CRF Billing Help Desk  
120 W Jefferson St Fl 003  
Springfield, IL 62702-5103  
(217) 524-9369 Fax (217) 557-6550  
[DOIT.BILLINGHELPDESK@ILLINOIS.GOV](mailto:DOIT.BILLINGHELPDESK@ILLINOIS.GOV)**

COMMENTS

TELECOMMUNICATION COORDINATOR'S NAME