STATE OF TENNESSEE
INMATE TELEPHONE SERVICE FEE
T.C.A. § 41-7-104

FOR DEPARTMENT USE ONLY

Report for the Quarter of _____ 20____ through _____ 20 ____

Inmate Telephone Service Provider Name _____
Address _____
City _____State_____ Zip _____
Telephone Number _____

Facilities_____ _____
_____
_____
_____

Total Number of Completed Collect Calls _____

Total Number of Completed Prepaid Calls_____

Other _____ _____

TOTAL COMPLETED CALLS _____ x 10¢ = $ _____
TOTAL AMOUNT PAID

Number of Completed Calls Billed, But Not Collected _____
Number of Facility-Specified Free Calls _____
TOTAL _____

Pay via Automated Clearing House

ACH Payment (next day posting)
Bank: First Tennessee Bank
ABA: 064107091
Acct# 82233501000

Please use the following description of your payment in the addenda lines available:

10 cent Local Inmate Telephone Service Fee

Or remit by mail to:

Department of Commerce and Insurance
Attn: Tennessee Corrections Institute
500 James Robertson Parkway
Davy Crockett Tower
Nashville, TN 37243

Under penalty of perjury, I certify that I have examined this document and any attachments thereto and they are complete and correct to the best of my knowledge and belief.

_____
Signature of Document Preparer (Date)

_____
Signature of Telephone Provider Representative (Date)