DEPARTMENTAL MOBILE DEVICE REQUEST

DEPARTMENT:______________________________________________________________

EFFECTIVE BEGINNING: ___________________ THROUGH: DECEMBER 30,____

CELLULAR DEVICE NUMBER: ( ) _____________ - ______________

REQUESTED ALLOWANCE LEVEL:

□ BASIC PHONE SERVICE $_______________

□ DATA PLAN SERVICE $_______________

DESCRIBE THE RATIONALE FOR THIS REQUEST:

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

TOTAL MONTHLY ALLOWANCE $_______________

PERSON IN DEPARTMENT RESPONSIBLE FOR MONITORING BILLS AND USAGE:

______________________________________________________________

SUPERVISOR AGREEMENT:

I understand that this mobile device is not to be used for personal purposes. I understand that this device is not to be assigned to only one person in this department, but is for a designated departmental purpose. I understand this agreement is for the period noted above and is subject to revision or cancellation at any time.

BUDGET SUPERVISOR: __________________________ VP FIN AFFAIRS:________________________

DATE OF APPROVAL: __________________________ BUDGET # TO BE CHARGED: ___________________

(Copies of this form should be filed with the Office of Information Technology and the Accounts Payable office.)