



WIRELESS DEVICE REQUEST – STATE PROCURED

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NEW REQUEST REPLACEMENT TRANSFER UPGRADE RENEWAL

CHECK ONE OF THE FOLLOWING: Cellular Telephone/Smartphone Wireless Card

EMPLOYEE NAME: _____ CSUN ID: _____
DEPARTMENT NAME: _____ EXT.: _____

Contact Purchasing & Contract Administration for information on devices and service plans under contract.

Complete this request and obtain approvals. A signed [Wireless Device – State Procured Service Use Agreement](#) must be attached to this request. The device and/or service will be procured and the employee will be notified to pick up the device from Purchasing & Contract Administration.

ACKNOWLEDGMENT:

I have read the policy and agree to abide by the terms and conditions according to the *Acquisition and Use of Portable Communication Equipment and Related Services*.

Employee’s Signature: _____ **Date:** _____

MONTHLY BILLS WILL BE REVIEWED BY:

Name: _____ Department Name: _____ Ext: _____

REQUIRED CHARTFIELDS:

ACCT: _____ FUND: _____ DEPT ID: _____ PROGRAM: _____ CLASS: _____ PROJECT/CLASS: _____ AMOUNT \$: _____

APPROVAL:

Financial Approver: _____ **Date:** _____

Print Name: _____

President or Division V.P.’s Signature: _____ **Date:** _____

Print Name: _____

PURCHASING & CONTRACT ADMINISTRATION USE ONLY

REQ #: _____ Wireless Number: _____ President or Division V.P.’s Approval: _____
Initials

Manufacturer: _____ Model No.: _____ Serial No.: _____ Cost:\$ _____

Service Plan: Monthly Cost: \$ _____ Plan Provider/Plan Name: _____