

Southern Illinois University Edwardsville
UNIVERSITY-PROVIDED WIRELESS PHONE PLAN REQUEST

Fiscal Officer Name	Title	Email
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Ext.:	Campus Box #:	Account Name	Account number to be charged
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Description of wireless service and equipment required:

Approximately monthly cost: _____

Justification:

I understand that no personal calls are allowed on university-provided wireless phone plans. I will review the monthly bills and ensure that the cost of inadvertent or emergency personal calls is reimbursed to the university, at billed rate.

Fiscal Officer Signature: _____ Date: _____

Approved:

Dean/Director: _____ Date: _____

Office of Research and Projects:
(if charged to a grant account) _____ Date: _____

Vice Chancellor: _____ Date: _____

Please send completed form to ITS, Campus Box 1068.

Cancellation of University-Provided Wireless Phone Plan:

Month/Year to cancel (if applicable): _____

Fiscal Officer: _____