University of North Texas University-Owned Cell Phone/PCD Request

Employee Name:		EMPLID:		Date:
Department:		Account Number:		
Justification for University-owned cell phone or PCD and related monthly costs (i.e., how will the phone/PCD be used in conducting official University business)				
I hereby certify that the phone/PCD for official understand th	business (d, and th	at I have read and
Employee Sig	gnature:			
Indicate type of University-owned phone/PCD and related plan being requested and provide details as shown.	Monthly p Cell phon Brand Required Other	orovider of minutes in monthlolan amount request e/PCD model reque Model accessories: Car C	ed sted: Charger	Case w/belt clip
Department Head	Print Name:			
I hereby approve the request as shown * Department VP/Dean	Signed: Print Name:			Date:
I hereby approve the request as shown * Vice President for Finance and Administration	Signed: Print Name:			Date:
I hereby approve the request as shown *	Signed:			Date:
* By approving this request, I authorize the and monthly charge.	e Telecommui	_	bill the dep	
Processed by Telecom Department:		•	ate:	