



## Cellular Device Department Contract Request Form

This form is used in accordance with [BPM Q-1-2 Cellular](#) , when the university unit provides a portable electronic device. Certain units may have special needs that justify departmental ownership of cellular devices. If the need meets the criteria as specified in Q.1.2 section III.C, the supervisor may be authorized to have ITS obtain direct billing from the cellular carrier. It is responsibility of approving official to review the contract plan on regular basis to ensure appropriate plan for the business use of the device. **Complete sections I and II. Complete all 3 sections for Sponsored Projects.**

### SECTION I: COMPLETED BY UNIT

New Contract  Renewal

Date: \_\_\_\_\_ Department No: \_\_\_\_\_ Department Name: \_\_\_\_\_

Cellular number of device(s) (include area code): \_\_\_\_\_

Type of Device(s):  Phone  Tablet  Other: \_\_\_\_\_

Number of Devices: \_\_\_\_\_

Cost Center/Cost Object/WBS charged (If WBS, see section III below): \_\_\_\_\_

Justification for device(s): \_\_\_\_\_  
\_\_\_\_\_

Name of Person Responsible for device(s): \_\_\_\_\_

### SECTION II: APPROVAL ALL SOURCES OF FUNDS

**Business Use:** As a unit representative, I verify that this employee requires the use of this portable electronic resource in order to conduct job-related responsibilities. I further verify that this device is to be utilized primarily for business purposes.

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor name(print): \_\_\_\_\_

**Business Officer** approval of funding source provided above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Business Officer name(print): \_\_\_\_\_

**University Financial Services** approval of departmental device:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

UFS name(print): \_\_\_\_\_

### SECTION III: COMPLETED IF SPONSORED PROJECT

**Business Use:** I verify that this portable electronic resource relates to the scope of work for this project.

**Approval of Associate Dean for Research:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ADR name(print): \_\_\_\_\_

**Approval of Office of Sponsored Projects Administration:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OSPA name(print): \_\_\_\_\_