

UNIVERSITY PROVIDED WIRELESS SERVICE PLAN REQUEST

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

Department: _____ Title: _____

Fiscal Officer Name: _____ Office Phone #: _____ E-mail: _____ Mail Code: _____

Budget Purpose Number to be Charged: _____ Budget Purpose Description: _____

Wireless Phone #: _____

Description of Wireless Service and Equipment Required:

Justification:

I acknowledge that no personal calls are allowed on University provided wireless service plans. I will review the monthly bills and the cost of inadvertent or emergency personal calls will be reimbursed to the University.

Fiscal Officer Signature: _____ Date: _____

Approved:

Dean/Director: _____ Date: _____

Vice Chancellor: _____ Date: _____

Cancellation of University Provided Wireless Service Plan:

Month/Year to Discontinue: _____

Return equipment/device to Surplus Property

Fiscal Officer: _____ Date: _____