



*This form is used to authorize a university owned wireless device for departments requiring specific equipment or technology to perform University functions and never expect to use these devices for personal use. Please note: all devices university owned devices are issued to a department, not an individual. The Department Administrator (as defined by the Wireless Device Program) must complete this form in its entirety, obtain approval from the appropriate Vice President, and submit to Purchasing as appropriate.*

**Department Information**

Department Administrator Name: _____	Department Administrator Email: _____
Department: _____	Phone Number: _____
Building/Room: _____	Extended Zip: _____
Backup Administrator Name: _____	Backup Administrator Email: _____

**Action Requested**

**New Service Provider Billing Account**  
*(submit approved request to Purchasing)*

Please indicate which type of service is required:

Voice     Data  
 Both Voice and Data

Service Provider: \_\_\_\_\_

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**Add an additional line to existing department billing account**  
*(submit approved request as backup documentation with the monthly ProCard statement)*

Please indicate which type of service is required:

Voice     Data  
 Both Voice and Data

Service Provider: \_\_\_\_\_

Billing Account Number: \_\_\_\_\_

**Authorization**

*I understand that this phone is owned by the University and is to be used for official business only and personal use is strictly prohibited.*

Department Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Appropriate Administrator<sup>1</sup> Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Appropriate Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President Approval: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> Appropriate Administrator must be an MPP.