

SPH: **CELL** PHONE REQUEST FORM

This Form Is To Be Completed By A Supervisor


Division/Group _____ Date _____

Employee's Name(s) _____

Phone (if *not* new) _____ Email Address _____

Supervisor Name _____ Signature _____ Date _____

PLEASE FILL THIS FORM OUT COMPLETELY -Do NOT use this form for REPAIR request-Call IS&T @ 2-5081 for repair service

TELEPHONES  Please use one page per request (indicate # of pages at bottom of page), multiple pages may be stapled

New Employee will assume existing telephone number. That number is:

REQUEST FOR NEW OR CHANGE IN SERVICE: New Service Change Service Disconnect **Other***

To locate and pick a phone & service, go to: <http://ist.berkeley.edu/wireless> - main page is phones; plans are on the left

If this is a new service item, you will need to select a phone/instrument and a service package

You may attach print-out(s) from the IS&T website if you'd like, or fill-in the info below

* **Cell Phone Needed** (Provide Details Below – Make/Model): No Phone Needed

I will pick-up the phone from: 2484 Shattuck Av. – or – Evans Hall

* **Calling Plan/Service Package Needed** (Check Details): AT&T Verizon

Insurance on Phone: YES NO

Make Calls Outside U.S.: YES NO – Travel Outside the U.S.: YES NO

How Many Minutes/Month

Would you like the ability to Tether your device to other devices: YES NO

Special/**Other*** Instructions:

The following MUST be completed by the FINANCIAL or DIVISION/UNIT MANAGER

Department ID: COREC CPACA CQADM

Telephone/Installation charges billed to: _____
Project Title/Chart String (Chart String Only)

Monthly Rates should be billed to: _____
Project Title/Chart String (Chart String Only)

Financial Account Manager Signature Required: _____
Signature _____ Date _____

Email Address: _____ Phone _____

For FMU use only: Requisition # _____ Date: _____ Initials: _____

*****PLEASE FORWARD COMPLETED FORM TO 50 UNIVERSITY HALL*****

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