

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER**

**REQUISITION FORM FOR BEEPER**

**Issue To (Name):** \_\_\_\_\_,  
  (Last)  (First)  (Middle)

**Social Security:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Position Title:** \_\_\_\_\_ **Extension:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Office Room #** \_\_\_\_\_

**Account Number:** \_\_\_\_\_ **Supervisor's Name:** \_\_\_\_\_

**APPROVAL - Authorized Signature:** \_\_\_\_\_

The TTUHSC is authorized to provide the individual named above with a beeper with the following number and cap code.

**Beeper #** \_\_\_\_\_ **Cap Code** \_\_\_\_\_

The beeper is property of the vendor contracted through the State General and is for the exclusive use of the person to whom it is issued. Beepers are not to be borrowed, loaned, or sold. The beeper must be returned to Room 203 Communication Services Department at the end of employment and shall not be passed on from one employee to the next. **Any beeper that is damaged or stolen will be the responsibility of the person assigned to that equipment.**

**Monthly Rental Fee on Equipment Type and Charge if lost or stolen:**

\_\_\_\_ **Alpha \$5.25 Month / \$100.00**          \_\_\_\_ **D/D (Pronto) \$3.15 Month / \$60.00**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date Returned:** \_\_\_\_\_ **Received By:** \_\_\_\_\_