



TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Request for Wireless Data Device

Communication Services

Phone: (806) 742-2000 Fax: (806) 742-1343



INFORMATION REQUIRED FROM REQUESTING DEPARTMENT

Date Requested: Requested By: Employee Name: Dept. Name: Dept. Phone: Tech ID: Dept Code: Dept. Mail Stop: Wireless Number: Dept. Building/Rm: Dept. Account :

Requested Action:

- New Activation (Requires Vice President or Dean Approval)
Plan Change (Cost increase requires Vice President or Dean Approval; Cost decrease requires Dept Head Approval)
Equipment Upgrade (Requires Vice President or Dean Approval if more than \$100)
Name Change (Requires Vice President or Dean Approval)

Data Device: See http://www.itcs.ttu.edu for device and plan information.

IEMI #:

Blackberry Model#: Expected Initial Cost: Expected Recurring Cost: \$40.49
PDA Model#: Expected Initial Cost: Expected Recurring Cost: \$35.99
SmartPhone Model#: Expected Initial Cost: Expected Recurring Cost: \$19.99
Voice Plan: Expected Initial Cost: Expected Recurring Cost:

Comments:

Comments section with three blank lines for text entry.

I have read and agree to abide by all appropriate Texas Tech and departmental operating policies and procedures (TTUHSC OP 55.04).

Wireless User's Signature:

Signature line for the wireless user.

DEPARTMENT HEAD APPROVAL REQUIRED

Name: Signature: Date: (Please Print)

VICE PRESIDENT OR DEAN APPROVAL REQUIRED

Name: Signature: Date: (Please Print)

COMMUNICATION SERVICES USE ONLY

Sent to Billing: Sent to Cingular: Equipment Receipt Verified:

DATA

IT AUTHORIZATION FOR DATA SERVICE

Name: Signature: Date: Joe Green, Associate Vice President, Technology Services