

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
REQUISITION FORM FOR BEEPER

Issued to (Name): _____
(Last) (First) (Middle)

R Number: _____

Position Title: _____ Extension: _____

Department: _____ Office Room # _____

Account Number: _____ Supervisor's Name: _____

APPROVAL - Authorized Signature: _____

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 CSB B1600 IT Help Desk at the end of employment and shall not be passed on from one employee to the next. Any beeper 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 Pager / Statewide Coverage: \$5.52 Mo. Lost / Stolen: \$69.00

Signature of Applicant: _____ Date: _____

Date Returned: _____ Received By: _____