



**CELLULAR USAGE AGREEMENT
UNIVERSITY-PROVIDED SERVICE
POOLED DEVICE FOR GENERAL DEPARTMENTAL USE**

Purpose: This form is to be used where a department has a need for University-owned cellular plans/devices for pooled use within the department. It must be completed prior to signing any service agreements for cellular services, as specified in Policy FN21.

Department Name: _____ **Admin Area:** _____

Person Submitting Request: _____ **Email:** _____

REQUIRED: Provide rationale for needing a pooled service/device for the department: _____

Services Being Requested:

Cellular Phone Service - Provider (Vendor): _____

Other Cellular Services - (describe): _____

Provided by (Vendor): _____

Phone Number of Device (if applicable): _____

Account to be Charged: _____

Describe how Pooled Device will be monitored and assigned: _____

Budget Administrator/Department Head:

I approve this request for a pooled service/device for this department based on the stated business need. I also assert that these devices will only be used for the conduct of business and will be logged and monitored to assure the devices are controlled.

Signature: _____ **Date** _____

Budget Executive: _____ **Date:** _____

Financial Officer: _____ **Date:** _____

Director of Business Services: _____ **Date:** _____

(Non-UP campuses only)

Office Use Only:

Date Service Ended: _____ **Date Equipment Returned:** _____