



**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** \_\_\_\_\_

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**Budget Executive:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Financial Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director of Business Services:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Non-UP campuses only)

**Office Use Only:**

**Date Service Ended:** \_\_\_\_\_ **Date Equipment Returned:** \_\_\_\_\_