|  |
| --- |
| **Wireless Communication Device Form** **Request / Surplus** |

Instructions for Departmental Contacts:

1. Complete this form and provide a copy to the employee; maintain a copy in the department files.
2. Email signed form to Procurement Services at [procur@wm.edu](mailto:procur@wm.edu) for new accounts and changes to existing accounts.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 1: Department Requestor Information** | | | | |
| Requestor Name: |  | | |
| Department: |  | Extension: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Verizon Account Number: |  | Department Index: |  |

|  |
| --- |
| **Section 2: Type of Request** |

new device request (complete 3, 4 & 6) Equipment Surplus (complete 5) Current wireless number: \_

Plan change request (complete 3 & 6) Equipment replacement/upgrade request (complete 4 & 6)

|  |
| --- |
| Section 3: Plan Change & Billing *(Consult with the Telecom Admin Specialist for current options & pricing)* |

|  |  |  |  |
| --- | --- | --- | --- |
| Current Wireless Plan: |  | Plan Cost: |  |
| Plan Change: |  | New Plan Cost: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Section 4: Equipment Selection & Billing *(Consult with the Telecom Admin Specialist for current options & pricing)* | | | |
| Wireless Equipment Requested: |  | Equipment Cost: |  | |

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |
| --- |
| Section 5: Equipment Disposal Transaction Type (Check One) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SURPLUS** *(Drop off* ***the form and the device*** *at Procurement Services located at 115 Grigsby Drive, Facilities Building Lower Level.)* | | | | | | | |
| **DESTROYED**  **(attach explanation)** | | **STOLEN/MISSING**  **(attach police report)** | | | | **OTHER**  **(attach explanation)** | |
| **Equipment Description & Transaction Detail (see page 2 for additional devices)** | | | | | | | |
| Equipment Description | Assigned Phone # | | Serial # | Condition | Date Acquired | | Data Removed by: |
|  |  | |  |  |  | |  |
|  |  | |  |  |  | |  |

|  |
| --- |
| Section 6: Business Justification for Section 2 or 3 request: – (written business use only justification) |

|  |
| --- |
|  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 7: Duty Equipment Effective Dates** | | | | | | | | |
| Begin Date:\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Section 8: Certifications** | | | | | | | | |
| This phone is necessary for business use. All calls will be documented by employees, call detail reviewed by the Telecommunication Administrative Specialist, and the department will ensure personal use is reimbursed to the department. New line requests and equipment upgrades require a 2-year contract. If service is cancelled prior to the end of the term, an early termination fee will be billed to the department. | | | | | | | | |
|  | Employee Name - Signature/Date | | | | |  | Department Head Name - Signature/Date |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | Y= Approved / N= Denied | |  | | **CFO/Procurement Approval** Signature/Date | | |