

University Procurement Services
Cellular Phone Request Form (Verizon Wireless)

 Return Completed Form via Email to procure@finance.rutgers.edu
USER INFORMATION

Employee ID: (Completion REQUIRED)		Last Name:			First Name:		
School/Unit:				Department/Division and Section:			
Campus:	Extension:	Email Address:		Building:	Floor:	Room Number:	

REQUEST TYPE:
 New [Area Code Requested _____]
 Upgrade
 Replacement
 Name Change
 Accessories

ACCOUNT INFORMATION

 Accessories/Features/Services: (<http://www.verizonwireless.com>) See Verizon web site for Rutgers cellular phone products and services. Do not include promotional pricing when estimating cellular phone costs; promotional prices are subject to change without notice by vendor. NJ state contact provides a 20% discount to all Verizon voice and data plans.

<input type="checkbox"/> Current Cell Number (Upgrade Only)	Cell Number (if Applicable) <input type="text"/>	To check if number is eligible see Local Number Portability at Verizon website.
<input type="checkbox"/> Cell Phone	Make & Model of Phone: <input type="text"/>	Phone Cost <input type="text"/>
<input type="checkbox"/> Cell Plan	Calling Plan: <input type="text"/>	Monthly Access starting at <input type="text"/>
<input type="checkbox"/> Data Plan	Monthly access Data Plan is \$39.99. <input type="text"/> Basic cellular phone service does not require activation of this type of plan. All Rutgers wireless PDAs/SmartPhones have the unlimited data plan	
<input type="checkbox"/> Carrying Case	<input type="text"/>	Cost <input type="text"/>
<input type="checkbox"/> Charger	<input type="text"/>	Cost <input type="text"/>
<input type="checkbox"/>	<input type="text"/>	Cost <input type="text"/>

Order Total	Total for order (plan and equipment costs) <input type="text"/>
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DEPARTMENT/ BUDGET INFORMATION (REQUIRED FOR PROCESSING)
Chart of Accounts (RBHS Only) REQUIRED FIELDS = *

	Proj (6)*	Task (3)*	Ex TP (5)	Exp Org (11)*	Unit (3)	Div (4)	Org (4)	Loc (4)*	Fnd Tp (3)*	Bus Line (4)*	Nat Acct (5)	Act (4)	Intra (3)	Fut (5)	RU In Optional (6)
Projects															
Grants															

OR (NOTE: If using a Project String then the General Ledger String must be provided as well)

	Proj (6)	Task (3)	Ex TP (5)	Exp Org (11)	Unit (3)*	Div (4)*	Org (4)*	Loc (4)*	Fnd Tp (3)*	Bus Line (4)*	Nat Acct (5)	Act (4)	Intra (3)	Fut (5)	RU In Optional (6)
General Ledger															

The undersigned agree to have the provided index charged monthly via inter-departmental transmittal. It is the department's responsibility to monitor account for appropriate usage and maintain a valid Chart of Accounts (RBHS Only) or index (University Hospital Only) for billing purposes.

Banner Index (UH Only):

Department/Division Head or Superior (Print Name and Title):	Department/Division Head Signature or Superior	Date
Budget Officer (Print Name and Title):	Budget Officer Signature	Date

CONTACT INFORMATION

Order Contact (if not same as user) Name, 10-digit telephone extension

Shipping Newark Campus - Pick Up Location ADMC 492
 All Other Campuses - Shipping Address – Street Address, Suite/Office Location, City, State, and Zip Code