



Biomedical and Health Sciences

## Office of Information Technology

## Cellular Phone Request Form for LEGACY RUTGERS AT&amp;T

Return Completed Form via Email to [mobile@oit.rutgers.edu](mailto:mobile@oit.rutgers.edu) or Facsimile 973-972-8442

## USER INFORMATION

Employee ID/Title (Position): (BOTH 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

<input type="checkbox"/> Current Cell Number (Upgrade Only)	Cell Number (if Applicable) <input type="text"/> <a href="#">AT&amp;T Wireless</a>
<input type="checkbox"/> Cell Phone	Make& Model of Phone: <input type="text"/> Phone Cost <input type="text"/>
<input type="checkbox"/> Service Plan	<input type="checkbox"/> 300 Min. \$48.75 <input type="checkbox"/> 400 Min. \$49.61 <input type="checkbox"/> 600 Min. \$61.43 <input type="checkbox"/> 1000 Min. \$73.13 <input type="text"/>
<input type="checkbox"/> Data and Messaging Plan	<input type="checkbox"/> Unlimited (included with voice package)
<input type="checkbox"/> Carrying Case	Cost <input type="text"/>
<input type="checkbox"/> Charger	<input type="checkbox"/> USB Wall Charger \$29.99 <input type="checkbox"/> Car Charger \$29.99 Cost <input type="text"/>
<input type="text"/>	Cost <input type="text"/>

Order Total

Total for order(plan and equipment costs) 

## 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 Op-tional (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 Op-tional (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 extensionShipping ☐ Newark Campus - Pick Up Location ADMC 492 ☐ All Other Campuses - Shipping Address - Street Address, Suite/Office Location, City, State, and Zip Code