|  **Office of Information Technology****Cellular Phone Request Form (Verizon Wireless)**Return Completed Form via Email to mobile@oit.rutgers.edu or Facsimile **973-972-8442** |
| --- |
| User Information |
| **Employee ID/Title (Position): (REQUIRED)** | **Last Name:**  | **First Name:**  |
| **School/Unit:**  | **Department/Division and Section:**  |
| **Campus:**  | **Extension:**  | **Email Address:** | **Building:**  | **Floor:**  | **Room Number:**  |
| Request type: |
| **ACCOUNT INFORMATION** |
| **Accessories/Features/Services: (**[**http://www.verizonwireless.com**](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.** |
| **[x]  Current Cell Number** **(Upgrade Only)** | Cell Number (if Applicable)  To check if number is eligible see [Local Number Portability](http://www.verizonwireless.com/b2c/LNPControllerServlet) at Verizon web site. |
| **[ ]**  **Cell Phone**  | Make & Model of Phone:  Phone Cost  |
| **[ ]  Calling Plan (NOTE: Bundle plans include unlimited data and messaging)**  |   |
| **[ ]  Data Plan (Hotspot or Air Card Only)** |

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|   |

 |
| **[ ]  Carrying Case** |  Cost  |
| **[ ]  Charger**  |  Cost  |
|  |   Cost  |
| Order Total | **Total for order(plan and equipment costs)**  |
| DEpartment/ Budget Information (Required for Processing) |
|  **Chart of Accounts (Rutgers 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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 (Rutgers Only) or Banner 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 [ ] RBHS Newark Campus Only- Pick Up Location ADMC 492****[ ] All Other Campuses - Shipping Address – Street Address, Suite/Office Location, City, State, and Zip Code**  |