| **Office of Information Technology**  **Cellular Phone Request Form (Verizon Wireless)**  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): (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.** | | | | | | | | | | |
| **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)** | |  | | --- | |  | | | | | | | | | | |
| **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** | | | | | | | | | | |