

University of Minnesota, Duluth

Cellular Phone Request

(This form is to be completed when UMD is listed as the billing entity).

User Information - PLEASE PRINT (complete all fields)

Date:	Print User Name:
Job Title:	
Department:	
Campus Mailing Address:	
Campus Phone Number:	Email Address:
Cellular Phone Company:	
How will this phone be used?	

USER AGREEMENT:

"I understand that by signing this document I have read and agree to comply with, and adhere to, all of the conditions and responsibilities outlined in the University of Minnesota Financial Policy and Procedure 3.1.1.1, Structuring Cell Phone Contracts, and the UMD Cellular Phone Policy."
(See: http://www.fpd.finop.umn.edu/groups/ppd/documents/procedure/Structuring_Telephones.cfm)

User's Signature: _____ *Date:* _____

Supervisor/Department Head Authorization

"I understand that by signing this document I have read and agree to comply with, and adhere to, all of the conditions and responsibilities outlined in the University of Minnesota Financial Policy and Procedure 3.1.1.1, Structuring Cell Phone Contracts, and the UMD Cellular Phone Policy."
(See: http://www.fpd.finop.umn.edu/groups/ppd/documents/procedure/Structuring_Telephones.cfm)

Printed Name: _____ Campus Phone Number: _____

Signature: _____ *Date:* _____

Action taken by Finance and Operations:

Approve:		Deny:		
Printed Name: _____				
<i>Signature:</i> _____ <i>Date:</i> _____				

RETURN COMPLETED FORM TO: Harry Zabrocki, 205 DADB Phone: 726-8294
(PLEASE DO NOT FAX)