

## RADFORD UNIVERSITY NEXTEL SERVICE REQUEST

**PERSON TO CONTACT:**

Name \_\_\_\_\_

P.O. Box \_\_\_\_\_ Office Telephone \_\_\_\_\_

Email: \_\_\_\_\_

Cellular Phone and/or Blackberry will be assigned to \_\_\_\_\_  
(Name)

New Service \_\_\_ or Updating Existing Service Only 540-\_\_\_\_\_ Date Service Desired \_\_\_\_\_  
Cellular Phone Number

Make and Model of Cellular Phone and/or Blackberry \_\_\_\_\_ Quantity \_\_\_\_\_

Accessories \_\_\_\_\_ Quantity \_\_\_\_\_

**BILL TO:**

Department \_\_\_\_\_

Budget Code \_\_\_\_\_

Building \_\_\_\_\_ Room No. \_\_\_\_\_

**PLEASE NOTE:** Requests for **new cellular instrument service** must be **approved by the Associate Vice President for Finance/Controller (AVPBA)**. If all required information is not provided, the service request will be returned and the processing of your request will be delayed. **This form must include all requested signatures, including the AVPBA.** Please refer to Cellular Instructions at <http://www.radford.edu/~tel-serv>

**JUSTIFICATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	Selected Calling Plan	Direct Connect	Miscellaneous Notes
<b>Example</b>	<b>Government Total Rewards 500</b>		<b>Unlimited Text Messaging Plan - \$15 per month</b>
<b>Example</b>	<b>Government Total Rewards UDC 100</b>	<b>Unlimited</b>	

**Caller ID and Voice Mail are included in the Monthly Cost.**

**SERVICE REQUESTED BY** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**DEPARTMENT HEAD** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**DEAN/DIRECTOR** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**FINANCIAL SERVICES/AVPBA** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 (Fax: 6471 Campus Mail: Box 6921)

Contact for assistance: **Telecommunications and Bill Services** Phone: 6600 or 5002  
 Email: [m-powers@radford.edu](mailto:m-powers@radford.edu) or [bmooch@radford.edu](mailto:bmooch@radford.edu)

Mail completed and signed form to: **Telecommunications and Bill Services**  
**Box 6887 OR Fax completed and signed form to: 6120**

<b>T&amp; BS Office Use Only:</b> Cellular Phone No. _____ Fixed Asset Tag No. _____ Value/Cost \$ _____	
Service activated by vendor on _____	
Cellular Equipment picked up by: (User only) _____ (Print)	
<b>By my signature, I acknowledge receipt of and agree to abide by RU's Cellular Instrument Policies and Procedures</b>	
Signature _____	Date _____
<b>Equipment must be picked up by user.</b>	