

US CELLULAR SERVICE REQUEST

PERSON TO CONTACT:

Name _____
 P.O. Box _____ Office Telephone _____
 Email _____

BILL TO:

Department _____
 Budget Code _____
 Building _____ Room No. _____

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 _____

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	Miscellaneous Notes
Example	COV500	Add Alpha Paging Feature - \$4.95 per month

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 6923)

Contact for assistance: **Telecommunications and Bill Services Phone: 6600 or 5002**
Email: m-powers@radford.edu or bmooock@radford.edu

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