



CELLULAR COMMUNICATION REQUEST

I. Cellular Communication Authorization

EMPLOYEE: Name MSU ID Number
Department Title

OFFICIAL BUSINESS NEED: (Describe fully including justification if multiple cellular devices/plans are being requested. Attach separate sheet if needed.)

[Blank lines for official business need description]

Recommended: Department Head Date

Recommended: Dean/Director Date

Recommended: Vice President Date

Approved: President Date

II. Cellular Communication Procurement Information
(Must have been chosen pursuant to Mississippi Department of Information Technology Services instructions for Use for Statewide Master Cellular Voice and Data Services and Equipment Contract)

CELLULAR DEVICE: (Example: Nokia 6255i) Cost

CELLULAR PLAN: (Example: Free Incoming 300) Monthly Cost

CELLULAR PROVIDER:

NOTE: DETAILED BILLING MUST BE APPLIED TO EACH CELLULAR ACCOUNT FOR AUDIT PURPOSES

MSU REQUISITION NUMBER:

By their signature, the employee and department head acknowledge that they have read and understand the policy for Cellular Communication Devices and Plans, OP 01.15, that they have selected the lowest cost device and plan that will meet University business requirements, and that the device will be used only for official university business with no personal use. The employee must also sign a copy of OP 01.15, acknowledging its requirements and stipulations, and have the signed copy placed in the employee's departmental file for audit purposes.

Acknowledged: Employee Date

Acknowledged: Department Head Date

Distribution: Original - Procurement and Contracts, Mail Stop 9718 / P.O. Box 5307
Copy - Property Control, Mail Stop 9605 / P.O. Box 6177
Copy - Employee's Departmental File