University of Southern Maine
Cellular Phone Request Form

Department:

Campus Address:

Contact Person: EXT:

Cell Phone User Name:

Current USM Cell Phone Number (if any):

*PeopleSoft Chart Fields

<table>
<thead>
<tr>
<th>Dept. ID #</th>
<th>Acct#</th>
<th>Fund #</th>
<th>Program/Project #</th>
</tr>
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<tbody>
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<td>64001</td>
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</tbody>
</table>

Department Head / Authorized Signature

Please PRINT name and title of above-listed person:

Device:
Data: Unlimited
Text: Unlimited
Voice:

Please FAX this form to: 780-4933 or EMAIL amanda.l.gagnon@maine.edu.
For questions call 780-4155 or 780-5656

- Cell phones and phone numbers are University Property
- Devices are to be returned to IT End User Services when a new one is activated or any other reason that a device is not active.
- Please remove all personal information, we will wipe each device of data
- KEEP YOUR BOX AND EVERYTHING THAT COMES WITH YOUR DEVICE
Cellular Phone Exception Form

Per Administrative Practice letter No.51, “the University will have one contract (to the extent possible and practical) and “employees will use the University of Maine System negotiated contract unless approved by the appropriate university contact.” Due to the increased cost involved in any transaction that falls outside the existing cellular phone contract, this form must be completed with the appropriate authorizing signatures (e.g.: deans or directors) and sent to Telecommunications.

User Name: ____________________________  Department: ____________________________

Phone Number: ____________________________  Cell Number: ____________________________

Chartfield Combos (department billing information):

Requested Service

Provider:

Cell Phone (Make/model):

Reasons for out-of-contract purchase:

Signature (immediate supervisor): _______________________________________________________

Print Name:______________________________  Title:________________________________________

Signature (Dean/Director/VP): __________________________________________________________

Print Name:______________________________  Title:________________________________________

Date: _________________________________

Please fax (780-4933), mail form to USM Telecommunications, or email to: amanda.l.gagnon@maine.edu
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