University of Southern Maine
Telecommunications Department
U.S. Cellular Phone Request Form

To purchase a cellular phone(s) this form MUST be completed and signed by an authorized department head and faxed to USM Telecommunications (207) 780-4933 or mailed to 4 Payson Smith. For questions (207) 780-5656/4155

Date: _____ │ ____ │ ____ Department: __________________________________________________________

Campus Address (Bills to be sent): ______________________________________________________________

Billing Contact Person: ___________________________________________ Ext.: ______________________

Cell Phone User Name: ______________________________________________________________

Current Cell Phone Number (if any): ________________________________________________________

*PeopleSoft Chart Fields

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Cell Phone Model:

☐ Kyocera DuraPro $99.99 ☐ LG Envoy 2 $0.01
☐ LG Freedom $19.99 ☐ Other __________________ ______$
☐ Samsung Freeform 4 $9.99

All phones include BATTERY, WALL CHARGER and HANDS FREE EAR BUD HEADSET

☐ Cell phone insurance- $5.95 per month ($50.00 deductible) covers theft, loss, or accidental damage.

Accessories*: ☐ Vehicle Power Adapter * ☐ Case * ☐ 250 TXT MSG Plan: $4.99 ☐ Other: __________

The University of Maine System has negotiated a 25% discount on all accessories*.

Calling Plan:

*Recommended plan if phone is only used in Maine*

☐ "State Wide Plan* = $3.50 per month = $0.03 per minute for calls placed/received within Maine; otherwise, a $0.30 per minute charge will be incurred for roaming. The plan includes: Voicemail, Caller ID, Call Waiting, Incoming Text Messages.

☐ Nation Wide Plan = $7.50 per month = $0.03 per minute for calls placed/received within 50 States. The plan includes: Voicemail, Caller ID, Call Waiting, Incoming Text Messages.

By signing this form, you understand that your department has agreed to the contract rate (per minute use charge and a 2-year agreement on all new/renewal activations.) set by U.S. Cellular.

Department Head / Authorized Signature ______________________________________________________

Please PRINT name and title of authorizing person: __________________________________________

OFFICE USE ONLY

____________________________________

DATE: