



Cellular Device Request Form

Please contact Communication Technologies at x6-3938 for options/questions.

Employee Name:*

Employee ID #(PS EMPLID):*

Department: *

Grant/Contract Funded *

☐ Yes ☐ No

Financial Contact Name:*

If Speedtype is associated with a Federal grant or Contract, PI should confirm the device is listed as an approved budget item.

Financial Contact E-Mail:*

(For Recurring monthly statements)

Speedtype: *

Requested Voice and Data Plans:

Vendor Choice:

Phone Model:

(If unsure please leave blank.)

☐ Voice ☐ Voice & Data ☐ International Voice & Data

Text Options:

☐ Text Plan Unlimited (est. \$20/month) ☐ No Text Plan (est \$0.25/message) ☐ Block Text & Pictures

Other Options:

☐ Air Card (est. \$40/month) ☐ International Air Card (est. \$150/month)

Business Justification for the Device: *

By submitting this form you acknowledge that:

1. The employee receiving the device has reviewed a copy of the UMMS Mobile Cellular Device Policy.

Submit this Request Form to the HelpDesk with Department Head or Financial contact approval.

*required field