

# Mississippi State University

## Wireless Communication Request Form

### Part I. Wireless/Cellular Communication Request Authorization

Employee: \_\_\_\_\_ MSU ID # \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Official Business Need (Describe fully, including justification if multiple devices/plans are being requested. Attach a separate sheet if needed):

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Recommended, Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended, Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Recommended, Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

Approved, President: \_\_\_\_\_ Date: \_\_\_\_\_

### Part II. Cellular Communication Procurement Information

Must have been chosen pursuant to MDITS instructions for Use for Statewide Master Cellular Voice and Data Services and Equipment contract. **NOTE: DETAILED BILLING MUST BE APPLIED TO EACH CELLULAR ACCOUNT FOR AUDITING PURPOSES**

Cellular Device: \_\_\_\_\_ Cost \_\_\_\_\_

Cellular Plan: \_\_\_\_\_ Monthly Cost \_\_\_\_\_

Provider: \_\_\_\_\_

By their signature, the employees 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 only be used 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 – Employee's Departmental File, Copy – Property Control, Mail Stop: 9605, Copy – Procurement and Contracts with purchasing request.