

Office of Information Technology
Cellular Phone Request Form (Verizon Wireless)
Return Completed Form via Email to mobile@oit.rutgers.edu

USER INFORMATION

Employee ID/Title (Position): (REQUIRED)			Last Name:			First Name:		
School/Unit:						Department/Division and Section:		
Campus:	Telephone No.:	Email Address:			Building:	Floor:	Room Number:	

REQUEST TYPE:

☐ New [Area Code Requested _____] ☐ Upgrade ☐ Replacement ☐ Name Change ☐ Accessories

ACCOUNT INFORMATION

Accessories/Features/Services: (<http://www.verizonwireless.com>) See Verizon web site for Rutgers cellular phone products and services. Do not include promotional pricing when estimating cellular phone costs; promotional prices are subject to change without notice by vendor. NJ state contact provides a 20% discount to all Verizon voice and data plans.

<input type="checkbox"/> Current Cell Number (Upgrade Only)	Cell Number (if Applicable) <input type="text"/> To check if number is eligible see Local Number Portability at Verizon website.
<input type="checkbox"/> Cell Phone	Make & Model of Phone: <input type="text"/> Phone Cost <input type="text"/>
<input type="checkbox"/> Calling Plan (NOTE: Unlimited Everything Bundle plans include unlimited data and messaging *Hotspot Feature included)	<input type="checkbox"/> 300 Nationwide Shared (Basic Voice Only Phones) \$26.99 <input type="checkbox"/> Unlimited Everything Nationwide Bundle \$52.00
<input type="checkbox"/> Data Plan (Hotspot Device or Air Card Only)	<input type="checkbox"/> Unlimited Data \$39.99
<input type="checkbox"/> Carrying Case	<input type="text"/> Cost <input type="text"/>
<input type="checkbox"/> Charger	<input type="text"/> Cost <input type="text"/>
<input type="checkbox"/> Other	<input type="text"/> Cost <input type="text"/>

Order Total

Total for order(plan and equipment costs)

DEPARTMENT/ BUDGET INFORMATION (REQUIRED FOR PROCESSING)

Chart of Accounts (Rutgers Only) REQUIRED FIELDS = *

	Proj (6)*	Task (3)*	Ex TP (5)	Exp Org (11)*	Unit (3)	Div (4)	Org (4)	Loc (4)*	Fnd Tp (3)*	Bus Line (4)*	Nat Acct (5)	Act (4)	Intra (3)	Fut (5)	RU In Optional (6)
Projects															
Grants															

OR

	Proj (6)	Task (3)	Ex TP (5)	Exp Org (11)	Unit (3)*	Div (4)*	Org (4)*	Loc (4)*	Fnd Tp (3)*	Bus Line (4)*	Nat Acct (5)	Act (4)	Intra (3)	Fut (5)	RU In Optional (6)
General Ledger															

The undersigned agree to have the provided index charged monthly via inter-departmental transmittal. It is the department's responsibility to monitor account for appropriate usage and maintain a valid Chart of Accounts (Rutgers Only) or Banner Index (University Hospital Only) for billing purposes.

Banner Index (UH Only):

Department/Division Head or Superior (Print Name and Title):	Department/Division Head Signature or Superior	Date
Budget Officer (Print Name and Title):	Budget Officer Signature	Date

CONTACT INFORMATION

☐ **Order Contact (if not same as user) Name, 10-digit telephone extension**

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Shipping

☐ **RBHS Newark Campus Only- Pick Up Location ADMC 492**

☐ **All Other Campuses - Shipping Address – Street Address, Suite/Office Location, City, State, and Zip Code**