

(5/04)

The University of Tennessee
Request and Justification for Wireless Service

Date: _____

To: Telephone Services
1115 Volunteer Blvd.
Rm 8 Humanities Bldg.
Knoxville, TN 37996-0400
(865) 974-3121
Fax: (865) 974-8546

This is to request that wireless phone service be provided to the following:

Campus/unit: _____

Department name: _____

Phone number: _____

Address: _____

Cost center/WBS element to be charged: _____

Phone to be assigned to: _____
Name

_____ Title

Local area code/home city _____

If replacement equipment for existing wireless service, please indicate existing phone number:

Reason or Justification for Wireless Service:

By signing below, I agree that I have read and understand University Fiscal Policy 730 on cellular phones and other wireless devices and agree to the terms of use as indicated in the policy.

Approvals (as applicable for your department):

Requestor _____ Date _____

***Department Head/Director** _____ **Date** _____

Supervisor _____ Date _____

***Chancellor/Vice President/Designee** _____ **Date** _____

*** Required Signature**