



VCU Procurement Services

Attachment 1

Cellular Telephone Authorization Request

Requestor Information:

Name of Requester: _____

Phone Number: _____

Department: _____

Mailing Address: _____

Request Date: _____

Number of Cellular Telephones Requested: _____

Estimated Cost of Cellular Telephone Acquisition: _____

Proposed Rate Plan(s) and Estimated Monthly Cost: _____

Budget Org: _____

(If federal grant or federal pass-through, must be specifically allowable cost on the grant.)

Justification:

Approvals (Requires approval by Dean Designee):

Dean (or designee): Approved Denied Approved with Changes Noted

Printed Name

Signature

Date

Vice President: Approved Denied Approved with Changes Noted

Printed Name

Signature

Date

Attachment 2

Cellular Telephone User Certification

Cellular Telephone Information:

Department: _____

Mailing Address: _____

Cell Phone Number: _____

Do one or more employees share this phone? Yes No

If yes, each employee using the cell phone must complete and sign an attachment 2.

User Certification:

I certify that I have read and will comply with the applicable University Cell Phone Administrative Policy and Implementation Procedures.

Printed Name

Signature

Date

This certification is to be maintained in the employee's department in accordance with the University's record retention policy and is subject to audit or compliance reviews.