REQUEST FOR COMMUNICATION EQUIPMENT

PLEASE COMPLETE THE FOLLOWING INFORMATION

REQUESTER
☐ MR.  ☐ DR.
☐ MRS.  ☐ MS.  NAME______________________________________________________________

STATUS:
☐ faculty  ☐ staff  ☐ student  ☐ other specify_____________________________________

PURPOSE:

DEPARTMENT:

COLLEGE:

BUILDING/ROOM:

TELEPHONE: ___________________________  FAX: ___________________________

EQUIPMENT:
☐ CELL PHONE  ☐ BLACKBERRY PDA

FUND
☐ BUDGETED  ☐ UNBUDGETED  WHAT DEPARTMENT?

AUTHORIZATION: TO BE COMPLETED BY VICE PRESIDENT, DEAN, CHAIRPERSON, DIRECTOR, STUDENT LEADER, FACULTY ADVISOR

_________________________________________  ___________________________
DEPARTMENT HEAD/SUPERVISOR  DATE

_________________________________________  ___________________________
DEAN/DIRECTOR  DATE

_________________________________________  ___________________________
PROVOST/VICE PRESIDENT  DATE

FINAL APPROVAL
☐ APPROVED  ☐ DENIED

_________________________________________
DIRECTOR OF FINANCE/GENERAL COUNSEL  DATE

REVISED 09/09