

LSUHSC-Shreveport Auxiliary Services
Communications Technology Request

User:	Request Date:
Department:	Phone No:
Service Requested:	<input type="checkbox"/> Smartphone <input type="checkbox"/> Cellular Phone <input type="checkbox"/> Air Card/Mobile Broadband
Carrier:	<input type="checkbox"/> AT&T <input type="checkbox"/> Verizon
Device:	Brand _____ Model _____ Accessories _____
Service Plan:	Data Plan Name _____ Voice Plan Name _____ Features _____
Payment:	<input type="checkbox"/> Internal Transaction <input type="checkbox"/> Reimbursement
Justification:	

PS Chart String (if requesting device/service)				
Fund	Department	Program	Class	Project

Approvals

_____ Date

Department Head

_____ Date

Dean or Chancellor
Required if Cellular Phone Service is requested

My signature below indicates I agree my mobile device provided by LSUHSC-Shreveport is to be used to support official university business as outlined in Administrative Directive 6.3.1.

_____ Date

User's Signature