



**University of Wisconsin Oshkosh
Upgrade Mobile Device Authorization Request Form**

Employee Name _____

Department _____

Billing Account Number (BAN) _____

Mobile Device Phone Number (_____) _____

Describe in the space below the justification for why mobile device handheld voice and/or data technology service and/or equipment is needed:

Equipment requested – indicate phone model, auto charger and/or carrying case if needed:

Service Plan(s) requested:

____ Voice only ____ Voice and Data (Smartphone) ____ Data only (Modem/Tablet/Hotspot)

Employee Signature _____ Date _____

I hereby authorize the use of a mobile device handheld voice and/or data services and equipment with wireless services described above for the purposes stated.

Account Administrator _____ Date _____

Supervisor _____ Date _____

Dean/Director _____ Date _____

Send signed original to Administrative Services–Purchasing, Dempsey 236 for review.