



**University of Wisconsin Oshkosh
Mobile Service Cancellation Form**

Employee Name _____

Department _____

Billing Account Number (BAN) _____

Mobile Device Phone Number () _____

Employee Signature _____ Date _____

I hereby authorize the cancellation of a mobile device handheld voice and/or data services and equipment with wireless services.

Authorized User _____ Date _____

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

Refer to the **University of Wisconsin Oshkosh Mobile Device Recycling Procedure** on cancelled and obsolete hardware.