



University Owned Mobile Device Service

ROUTING	Restricted Index SPA - MSC SPA
	Unrestricted Index AFR - MSC AFR
	Chancellor - MSC 3Z
	ICT - MSC 3AT

SECTION 1: REQUESTOR INFORMATION

Department Name		Employee Name
Operating Index #	Organization #	Aggie ID
Department Contact Name		Position Title
Contact Phone #		Position #

SECTION 2: REQUEST DETAILS

New	Upgrade	Plan Change	Cancel/Disconnect
Conditions for University Owned Mobile Device Service			Effective Date: _____
Emergency	On-Call / Service	Research / Field Work	Campus Services
Short-term Business Purpose			
University Owned Mobile Device Service			
Phone	Tablet / iPad	Hotspot	Modem / Router
			Pager
			Air Card
			Other _____
Mobile Communication Device Number (if known): _____			
Critical Business Need Justification or Pre-approved Plan _____			

I certify that I have read the NMSU Mobile Communication Device Usage Procedures and agree to the employee responsibilities. I agree to abide by all appropriate NMSU and departmental operating policies and procedures.			
Employee Signature: _____			Date: _____

SECTION 3: CERTIFICATIONS

I certify this request for mobile device service is necessary to cover a critical NMSU business need. I have read and agree to abide by all Dean and Division Head responsibilities.

Department Head (optional)

Printed Name: _____ Signature: _____ Date: _____

College or Division Authority (required; no designee)

Printed Name: _____ Signature: _____ Date: _____

SECTION 4: REQUIRED APPROVALS

Fiscal Monitor

Printed Name: _____ Signature: _____ Date: _____

Chancellor or Designee

Printed Name: _____ Signature: _____ Date: _____

ICT - Internal Use Only

Mobile Device Number	Effective Date:
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Department Monthly Recurring Charges

Cellular Plan to be Activated (Allowed)	Cost
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Department One-Time Charges

Device Model (Allowed)	Cost
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Other Fees Including Accessories and/or Activation	Cost
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