# CELLULAR PHONE and ACCESSORIES REQUEST FORM

**NNSY 2060/17 (Rev 06-11)**

| FROM: (CODE/NAME/PHONE NUMBER) | DATE: |
|---|---|

TO: CODE 1102.5C CELL OORDINATOR

REQUEST FOR:

☐ NEW ☐ * REPLACEMENT ☐ REPAIR ☐ ACCESSORIES

* IF REPLACEMENT - LIST CELLILAR NUMBER _____

**FOR EQUIPMENT & ACCESSORIES, PLEASE SHOW THE QUANTITY REQUESTED:**

☐ CELL PHONE ☐ ☐ CASE / HOLSTER ☐

☐ CHARGER ☐ ☐ BATTERY ☐

INTENDED USAGE (PLEASE CHECK ALL THAT APPLY):

☐ SHOP/CODE ☐ PROJECT SUPPORT

☐ PERMANENT ☐ TEMPORARY

IF TEMPORARY: GIVE PERIOD OF USAGE ☐ TO ☐

JUSTIFICATION (FOR EQUIPMENT REQUESTED & INTENDED USAGE):

DETAILED LIST OF PROBLEMS: (FOR REPAIR ITEMS):

| JOB ORDER | PROJECT | TIME PERIOD OF USAGE |
|---|---|---|
| | | |

POINT OF CONTACT FOR ADDITIONAL INFORMATION:

NAME: OFFICE NUMBER:

| CELL EQUIPMENT COORDINATOR (SIGNATURE) | FUNDS ADMINISTRATOR (SIGNATURE) |
|---|---|

| DEPT/OFFICE HEAD OR DESIGNEE (SIGNATURE) | DATE |
|---|---|
| CODE 1102 OR DESIGNEE (SIGNATURE)<br>☐ APPROVED ☐ DISAPPROVED | DATE |

**CELLULAR PHONE & ACCESSORIES REQUEST FORM**

**NNSY 2060/17 (Rev 06-11)**

| INTENDED USER | CELLULAR PHONE NUMBER | CHECK NUMBER | JOB ORDER | TERM OF USE Temp/Perm | TEMPORARY END USE DATE |
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*** PLEASE LINE THROUGH ANY UNUSED SPACES**

DEPARTMENT HEAD OR DESIGNEE _____

CELL COORDINATOR _____

CODE 900OR DESIGNEE _____