



Albert Einstein College of Medicine

## Cell Phone Request Form

### REQUESTOR'S INFORMATION

Employee Name			
Title		Contact No.	
Department			
Manager			

### TYPE OF CELL PHONE OR DEVICE REQUIRED:

- ☐ Samsung \_\_\_\_\_
- ☐ iPhone \_\_\_\_\_
- ☐ Flip Phone/No Data Plan \_\_\_\_\_
- ☐ Broadband/Mifi Internet Device \_\_\_\_\_
- ☐ Activate service on an iPad? What is the MEID number? \_\_\_\_\_ Serial Number \_\_\_\_\_
- ☐ Other \_\_\_\_\_

### New Service or Upgrade:

Is this request for a new line? ☐ Yes ☐ No

Is this request for an upgrade? If so, what is your current cell number? \_\_\_\_\_

Are you porting a number? ☐ Yes ☐ No

If yes, who is your carrier? \_\_\_\_\_ Account Number \_\_\_\_\_

(only if you are porting an existing line)

What is the Phone Cost? \_\_\_\_\_ What is the Monthly Charge? \_\_\_\_\_

Why is this required for your job? \_\_\_\_\_

Specify after hours/off site responsibilities? \_\_\_\_\_

Requestor's Email Address: \_\_\_\_\_

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Funding Number: \_\_\_\_\_

### ADDITIONAL NOTES:

### REQUIRED APPROVALS

APPROVED	REJECTED	Title	Signature	Date
		Department Head		
		Finance Department		
		Procurement		

Please send the completed form to [TELECOM@einsteinmed.edu](mailto:TELECOM@einsteinmed.edu)