

# Mobile Communication Service Agreement for University-Owned Cell Phones



## Department and Funding Information

Department Phone Number for Request

Funding String (Fund - Dept ID - Cost Center)

If needed, select one of the following three options  
(supplemental, project, or grant) and add the  
associated fund string

Supplemental

Project

Grant

## Employee Information

Name of Responsible Employee (last, first middle)

Employee ID Number

Name of Supervisor

Contact Phone Number

Email

## Business Justification

In the space provided, please indicate the business justification for the University to carry the mobile service contract and/or purchase this device. If this device is to be rotated among employees, list names of all users, position titles, roles, frequency of rotation, etc. OIT Business Services will assign a generic user name to this device.

## Employee Responsibility

I understand and agree that the Department mobile communications device is for official University business purposes. I also understand and agree that it is the Department's responsibility to audit the monthly statement to ensure validity of employee use. I have read, understand, and agree to abide by the employee responsibilities in the Boise State University Mobile Communications Devices Policy (BSU 6475-A).

## Signatures

Responsible Employee Signature Date Supervisor Signature Date

Director/Dept Chair Signature Date VP/Dean Signature Date

## Submitting this Form

Please send the signed form to OIT Business Services via e-mail to [OIT\\_Business@boisestate.edu](mailto:OIT_Business@boisestate.edu).

If you have any questions, need to order mobile devices, or would like to process this form digitally, please contact OIT Business Services at (208) 426-1433 or via e-mail at [OIT\\_Business@boisestate.edu](mailto:OIT_Business@boisestate.edu).