



REQUEST FOR A REPLACEMENT/RETURNED OF A CELL PHONE

Name of Person Requesting: \_\_\_\_\_

Replacement/Return Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Department: \_\_\_\_\_ Departmental Phone # \_\_\_\_\_

Reason for returning cell phone: \_\_\_\_\_

\_\_\_\_\_

Employee Signature	Date	Dept. Head Signature	Date

Requesting Replacement:      Yes                      No

Old Cell Phone	Replacement Cell Phone
Serial #:	Serial #:
MVSU #:	Cost:
Type of Phone:	Type of Phone:
Acquisition Date:	MVSU #:
Date Returned:	Acquisition Date:

Information Technology

Date Returned: \_\_\_\_\_ Received By: \_\_\_\_\_

Approval			
Director of Information Technology	Date	Vice President for Business & Finance	Date
Director of Property Accountability	Date	Property Accountant	Date

**Lost or stolen devices must be reported to University Police first, and a copy of the police report must be attached.**