

## The University of Tennessee Health Science Center Request and Justification for Wireless Service/Allowance

Date: \_\_\_\_\_

To: **Vice Chancellor, Finance and Operations**  
**62 S. Dunlap, Suite 300**  
**Hyman Administration Building**  
**Memphis, TN 38163**  
**(901) 448-5523 / Fax: (901) 448-2764**

**I am requesting to use my personal cellular phone plan and receive a monthly allowance as outlined in Fiscal Policy 730.**

**Allowance Amount:                      \$30 per month                      \$50 per month                      \$45 per month data plan**

Check here if you have a university phone and wish to transfer the number to your personal plan.

Campus/Unit: \_\_\_\_\_

Cost Center/WBS Element: \_\_\_\_\_

Department Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone to be assigned to: \_\_\_\_\_  
Name

\_\_\_\_\_ Title

Local Area Code/Home City: \_\_\_\_\_

Current Wireless Phone Number: \_\_\_\_\_

**Reason or Justification for Wireless Service:**

*By signing below, I agree I have read and understand University Fiscal Policy 730 on cellular phones and other wireless devices and agree to the terms of use as indicated in the policy.*

**Approvals (as applicable for your department):**

\_\_\_\_\_  
Requestor Date

\_\_\_\_\_  
**\*Chancellor/Vice President/Designee Date**

\_\_\_\_\_  
Supervisor Date

**REQUEST APPROVED AS FOLLOWS:**

\$30/month                      \$50/month                      Data Plan

\_\_\_\_\_  
**\*Department Head/Director Date**

**\* Required Signature**

*Note: The department, after necessary approvals are obtained, is responsible for processing a Recurring Pay Request (XPRECPAY000) as outlined in Fiscal Policy 730.*