LSUHSC-Shreveport Auxiliary Services
Communications Technology Request

Print Form

User: **Date:**

Department: **Phone No:**

Service:

- ☐ Blackberry /PDA
- ☐ Cellular Phone
- ☐ Air Card
- ☐ Other:

Carrier:

- ☐ AT&T
- ☐ Verizon
- ☐ Sprint
- ☐ Alltel

Device:

Model Number:

Connector type (USB, PCMCIA, etc) If applicable

Plan:

Plan Name:

Payment:

- ☐ Internal Transation
- ☐ Reimbursement

Justification:

PS Chart String

Fund: Department: Program:

Class: Project:

Approvals

Department Head Date

Dean or Chancellor Date

Required if Cellular Phone Service is requested: