

User Information:

Name: _____ Date: _____
 Email: _____ Phone: _____
 Job Title: _____ Department: _____

Reason for Request:

New Device Replacement Device (current device and charging cord to be returned to FASS)

Phone Number of Device to be Replaced: _____

Device Type:

iPhone 7, 32 GB (\$0) iPhone XR, 64 GB (\$279.65)
 iPhone SE, 64 GB (\$209.65) iPhone 11, 64 GB (\$297.15)

*Approval of the Vice-President, Finance and Administration is required for any device not listed.

Colour Preference (not guaranteed): _____

Billing Information:

• Basic Mobile Plan (\$19.05)
 Customization Options: Add Long Distance (+ \$3.13) Data Block (- \$14.30)

Estimated Monthly Fee: _____ Cost Centre to be Charged: _____

Authorization:

 Department Authority Name Signature Date

Eligible for Replacement: N/A Yes No – Cost to replace: _____

 FASS Technician Date

Approval (VP Finance & Administration use only):

 VP Finance & Administration Date