

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 SE, 64 GB (\$89.00) ☐ iPhone 11, 64 GB (\$297.15)☐ iPhone XR, 64 GB (\$244.65)

*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**Review (FASS use only):**Eligible for Replacement: ☐ N/A ☐ Yes ☐ No – Cost to replace: __________
FASS Technician_____
Date**Approval (VP Finance & Administration use only):**_____
VP Finance & Administration_____
Date