

PLEASE DOWNLOAD FORM AS A PDF

CELLULAR PHONE INTERNATIONAL PLAN ORDER FORM

International cell phone plans need to be submitted one week prior to activation

<p>Device User: <i>(Please print clearly)</i></p> <p>First name: _____</p> <p>Last name: _____</p>	<p>Cell number: _____</p>
<p>Campus: <i>(Maine System Employees please choose Campus you are affiliated with)</i></p> <p><input type="checkbox"/> UMA <input type="checkbox"/> UMF <input type="checkbox"/> UMFK <input type="checkbox"/> UM <input type="checkbox"/> UMM <input type="checkbox"/> UMPI <input type="checkbox"/> USM</p>	<p>Need cell service in what country? _____</p> <p>Date of Departure: _____</p> <p>Date of Return: _____</p>
<p>Department name: _____</p> <p>Office Phone: _____</p> <p>Dept. Billing Representative</p> <p>Name: _____</p> <p>Email: _____@maine.edu</p>	<p align="center"><i>For Office use only</i></p> <p><input type="checkbox"/> AT&T <i>(Select plan)</i></p> <p><input type="checkbox"/> US Cellular <i>(Select plan)</i></p> <p><input type="checkbox"/> Verizon <i>(Select plan)</i></p>
<p>** International Plans are subject to price changes</p> <p>*User Signature: _____</p> <p>*Dept. Approver Name: _____</p> <p>*Dept. Approver Signature: _____</p> <p>Today's Date: _____</p>	

***REQUIRED: This form must be signed and approved by authorized department purchaser**

CHARTFIELD INFO FOR MONTHLY BILLING:						
_____	- 6 4 0 0 1 -	_____	-	_____	-	_____
Dept. Code	Default Acct.	Class	Fund	Program Code	Project Code	Op Unit

All plans and/or devices are for University departments and are for business use only. For more information on proper mobile phone and device use see APL-VII at:

<http://www.maine.edu/pdf/VII-DCellularTelephone.pdf>

By signing this form you are agreeing to the appropriate use stated in APL-VII.

**Completed forms MUST be emailed to:
cellular.services@maine.edu, to be processed.**