



Cell Phone Request Form

Full Name:		Supervisor Name:	
Phone Number: (if upgrade)		Supervisor Number:	
Department:			

Please Choose One of the Following:

<input type="checkbox"/> New Cell Phone Request:	<input type="checkbox"/> Upgrade or Replacement:
<input type="checkbox"/> Android/Samsung	<input type="checkbox"/> Android/Samsung
<input type="checkbox"/> iOS/Apple iPhone	<input type="checkbox"/> iOS/Apple iPhone
<input type="checkbox"/> Google/Pixel	<input type="checkbox"/> Google/Pixel
<input type="checkbox"/> Other (Hotspot, etc.): _____	<input type="checkbox"/> Other (Hotspot, etc.): _____

Transferring Departments:

From: _____ To: _____

Method of Payment:

Tribal Hard Dollars Grant Funded Purchase Order

GL#: _____ PO# _____

Date:	Employee Signature
Date:	Supervisor Signature
Date:	Executive Director Signature

OFFICE USE ONLY	
Order Date:	Receive Date:
Device:	Other:
Mailroom Signature:	
<input type="checkbox"/> Eligible	<input type="checkbox"/> Ineligible until _____