

NAME			
PHONE NUMBER (If getting an upgrade)			
DEPARTMENT			
Please check one of t	he following:		
New cell phone re	equest		
Preferred Devi	ce: Samsung, Apple,	etc.:	
Upgrade or Repla Preferred Devi		etc.:	
How will this be paid	<u>l for:</u>		
Tribal hard dollar	rs		
Grant Funded	GL #		
Signature of Employe	e	Date	
Signature of Manager		Date	
Signature of Director/	Executive	Date	

All employees with a company owned mobile device <u>MUST</u> report their device (lost, stolen and or broken) within 24 hours. The employee is responsible to fill this form out and have their Manager sign and acknowledge the issue, then turn it into the Mailroom Clerk. Each employee is allowed ONE UPGRADE a year. If you have had a device lost/stolen/ or broken more than once within the year, you would then be ineligible for an upgrade and you will be responsible for paying for the new device at retail value.

OFFICE USE ONLY	
Order Date:	Receive Date:
Device:	Other:
Mailroom Signature:	