University-Owned MCD Request Form

Note: Contact Telecom at x3333 before completing this form

Employee Name: _______________________________  Employee ID: ________________________________
Employee Title: ________________________________  Supervisor’s Name: ______________________________

1. Purpose of University-owned MCD request:  Describe typical business usage: _____________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

2. Carrier
   □ AT&T  □ Verizon

3. Type of MCD Requested*
   Mfg.: ________________________________
   Model: ________________________________  Cost: $_________
*If you get a RIM Blackberry, there will be a $100/year license fee for connecting to Drew’s Blackberry Enterprise Server

4. MCD Service plan: Select the plans you would like, and fill in estimated monthly cost. Contact Telecom for more information on monthly rates.

   Voice (if needed)
   □ 450 minutes (Standard voice plan - $31)
   □ 900 minutes (For high volume calling. Please explain in #1 above if selecting this plan - $47)
   □ Other: ____________________________________________  Cost: $ ________

   Data (if needed)
   □ Unlimited Data ($32 with voice plan, $38 if no voice plan is selected)
   Cost: $ ________

   Text messaging or other features (if needed)
   □ 200 text messages ($5)
   □ 1500 text messages ($10)
   □ Unlimited messages ($20)
   □ Other Feature: ________________________________  Cost: $ ________

   Total Monthly Cost: $ ________

5. GL Budget #: ________________________________
6. **Signature:** This form requires multiple levels of approval. Signatures should be obtained in sequential order (e.g., do not send the form to Telecom if the VP Finance signature is blank). Only the lines marked “Required” are mandatory. The rest are optional depending on your department’s normal approvals process:

- **Employee (Required):** __________________________ ______________ Date __________
- **Supervisor:** __________________________ ______________ Date __________
- **Next level supervisor:** __________________________ ______________ Date __________
- **Next level supervisor:** __________________________ ______________ Date __________
- **VP or Provost (Required):** __________________________ ______________ Date __________
- **VP Finance (Required):** __________________________ ______________ Date __________
- **Telecom (Required):** __________________________ ______________ Date __________