**UW – GREEN BAY CELL PHONE ORDER REQUEST**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

[ ]  **New Line** [ ] Bill to new account OR [ ]  Bill to existing account (Include account number:     )

 **Billing Information:**
 ATTN Name:
 Mailing Address: UWGB, Department Name 2420 Nicolet Drive, Green Bay, WI 54311-7001
 PCard Holder Telephone Number:

 Name of staff to be issued phone:
 If Quantity ordered is >1, list other names:

 **Telephone Number(s):** [ ]  Assign new number OR [ ]  Port existing number

 **Phone/Item selection:**       **Item ID#:** **Cost:**

**Plan:** [**http://www.doa.state.wi.us/Divisions/Enterprise-Technology/Service-Portfolio/Telecommunication-Administration/Wireless-voice-andor-data/US-Cellular/Rates-Fees-US-Cellular/**](http://www.doa.state.wi.us/Divisions/Enterprise-Technology/Service-Portfolio/Telecommunication-Administration/Wireless-voice-andor-data/US-Cellular/Rates-Fees-US-Cellular/)

[ ]  **State Voice Plan (Local/National):** $0.00 - monthly access “Pay Go plan” $0.04 per minute $1.99 - per directory assistance call; No charge for: Long distance, Intrastate roaming, Interstate roaming
 **Add-Ons:** [ ] $10.00 - Unlimited Incoming
 [ ]  $10.00 - Unlimited Mobile to Mobile with other US Cellular phones.

[ ]  **State Smartphone Data Plan Only**
 [ ]  $24.95 5GB Data-$9/GB overage [ ] $26.95 Unlimited w/22GB High Def Speeds-No overage

[ ]  **State Bundled Smartphone Data Plans** [ ] $38.00 – Unlimited Voice, Messaging & 3GB Data-$9/GB overage
 [ ] $42.00 – Unlimited Voice, Messaging & Data w/22GB of High Def Speeds-No overage

[ ]  **Texting (incoming texts are all free)** [ ]  **Pay as you go for $.10 per all out going texts** [ ]  **$4.95 for 250 texts/month** [ ]  **$14.95 for unlimited texts** [ ]  **$9.95 for 750 texts/month** [ ]  **$19.95 for unlimited texts/pictures/videos**

[ ]  **Existing Line
 Phone number:** **Account Number:**

 **Replacement Phone/Item selection:** **Item ID#:** **Cost:**

**Employee Signature Date

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**Supervisor and Department Head Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**