

Contracting & E-Rate Services
CELL PHONE ORDER FORM

School/Department: _____

Contact Information

Employee Placing Order: _____

E-Mail:

Contact Phone Number : _____

dawn.jones@twinriversusd.org

Date : _____

Fax # 566-1792
Office Ext. 50311

Name of Employee Receiving Order

Existing Cell No. (if Replacement/Upgrade)

Employee Position/Title

TYPE OF PHONE (Check One)

Android Smart Phone

Samsung Galaxy S 7 - **\$53.86** _____
(Service is \$357 per year)

Basic Flip Phone - No Data or Internet

Kyocera DuraXE - **\$21.60** _____
(Service is \$125 per year)

Budget Code

Fund	Resource	PY	Object	Location	Goal	Function	LO1	LO2
			4300					

Fund	Resource	PY	Object	Location	Goal	Function	LO1	LO2
			4300					

Administrators Signature : _____ Date: _____

Categorical Approval: _____ Date: _____

Budget Approval : _____ Date: _____

Please forward to Budget for approval