

# RECEIPT OF CELLULAR/WIRELESS EQUIPMENT

I \_\_\_\_\_ HAVE RECEIVED THE  
FOLLOWING CELLULAR/WIRELESS EQUIPMENT FROM:

\_\_\_\_\_

CELLULAR TELEPHONE #: \_\_\_\_\_, NIH #: \_\_\_\_\_

PAGER #: \_\_\_\_\_, NIH #: \_\_\_\_\_

PERSONAL DIGITAL ASSISTANT (PDA)

NON-COMMUNICATING (Organizer): NIH #: \_\_\_\_\_

COMMUNICATING (e-mail, web, etc.): NIH #: \_\_\_\_\_

COMMUNICATING W/CELLULAR: NIH #: \_\_\_\_\_

CELLULAR #: \_\_\_\_\_

Signature below indicates that I understand, accept and comply with the Cellular/Wireless Program Procedures

\_\_\_\_\_

Employee Signature

\_\_\_\_\_