CELLULAR/WIRELESS COMMUNICATION

CELL PHONE / PAGER "CHECK LIST"

DATE:	CONTRACTOR: SAIC, CRL, DMS, WISCO (Circle One)
Employees Name:	Emp. I.D. #:
IMPAC Card Holder:	, Telephone #:
	, Exp. Date:/, 3 Digit#
1. How many minutes do you anticipate u	using per month (cell phone)? 30 60 120 200 other (Specify):
2. Will this phone/pager be for Emergenc	ey use ONLY? Yes No
3. Will this phone/pager be for here (SAIO (This info. is needed for Property)	C-Frederick, Inc.) only or will you be taking it off post?
4. Will this phone/pager be used: After h (This info. is needed for Auditing)	hours? Yes No Week-ends? Yes No
5. Will you be doing a lot of traveling? If so, United States only (ALL States) OR	Yes No)?: Yes No International: OR BOTH:
(Baltimore/DC/MD with the "no roaming or	s in the Local Calling area ONLY? Yes No g area" which spans from Richmond, VA to New York, NY.) m the Home Area ONLY?
or	states within the Continental United States?
Comments:	
JUSTIFICATION ATTACHED: YES_	NO

