WIRELESS JUSTIFICATION

REQUEST FOR: PHONE PAGER PDA w	/E-Mail PDA w/E-Mail and	Voice OTHER	
CONTRACTOR: SAIC CRL DMS	WISCO Dept.:		
Requester/User: Exem	pt SCA Center #:		
Building #: Telephone #:	Dept.:		
Do you have an NCI-Frederick Cellular Phone, Pager, an	nd/or Personal Digital Assistant (PI	DA)? Yes No	
If yes, indicate Property Decal #: Phone	Pager	PDA	
Purchase Card Holder:	Card #: (Last 4 digits)	Exp/	
(For payment purposes only)			
JUSTIFICATION FOR USE OF WIRELESS EQUIP	PMENT/SERVICE:		
Will equipment be needed after core hours? Yes	No If yes, please explain belonger	ow.	
A justification and approval are required for all cellular obtain this service for business purposes only. Any expe contract. This includes personal calls that fall within a NOT a prerequisite for requesting wireless equipment/se	ense incurred for personal use MU the total pre-paid amount of the pl	ST be reimbursed to the an obtained. Convenience is	
Signature below indicates that I understand, accept an	nd comply with the above requiren	nents and have read the Policy	
& Procedures associated with wireless service usage.			
Requester's Signature:	D	Date:	
APPROVAL(S):			
Supervisor:			
(Please print name)		(Signature)	
Supervisor's Title:	Date:		
Director:			
(Please print name)	(Signature)	(Date)	

When signatures are obtained please forward to SAIC-Frederick, Inc., Internal Audit Department, 92 T. J. Drive, Ste. 250 via inter-office mail, fax X6647 or e-mail: belascoc@mail.nih.gov. All wireless equipment/service will be purchased by and delivered to the Wireless Team, Bldg. 1050. You will be notified as to when you may pick up and sign for your wireless equipment.