

DEPARTMENT OF CROP AND SOIL SCIENCES
Wireless Device Audit

I. Owner Information

Name:
Contact Phone Number:
UGA MyID:

II. Type of Service and Equipment

Wireless Communication Devices (i.e., cellular phones, PDA with cellular connectivity,
Blackberry, etc.)
 Internet Service Provider
 Two-way radios (traditional and trunked-technology)
 Pagers

III. Department Information

Department number (3 digits):
Department Name:
UGA Billing Account Number (12 digits):

IV. Service Information

Device:
Device Type:
Cellular Telephone Number (if available):
Individual or Shared Use:
Vendor:
Equipment Brand:
Equipment Model Number:
Monthly Plan/Lease Cost:
One Time Equipment Cost:
Planned Allowed Peak Minutes:
Device serial number (if available):

V. Justification for any changes made to service in the past 12 months