Request for University Payment of Remote High Speed and/or Wireless Data Access

Date: _______________  Requisition Number: ______________

Employee Name: ____________________________________________

_____ New request, or _____ Renewal of previous approval (date of previous approval_________)

Data Access Carrier Name: _________________________ Total Annual Cost: $_____________

Payment method: ___personal reimbursement  ___Pcard ____Purchase Order

Were other providers contacted for rates? How do you know this plan is a reasonable cost provider of comparable remote data service in the service area?

______________________________________________________________________________

______________________________________________________________________________

Explain in detail how acquiring remote data access benefits the University of Arkansas:

______________________________________________________________________________

______________________________________________________________________________

I certify that I have read and understand the University Policy on Payment for Remote High Speed and/or Wireless Data Access.

Employee:

Signature:  ____________________
Printed Name: ____________________
Title:  ____________________
Date:  ____________________

Dept. Head, Dean, VC/Provost or Chancellor:

Signature:  ____________________
Printed Name: ____________________
Title:  ____________________
Date:  ____________________

April, 2003