

## **Exception Request Mobile Communications Equipment and Related Service Plans**

Use this form to request approval for the purchase of mobile communications equipment and related service plans for instances that qualify as a "special situation" as defined under the <a href="Campus Administrative Manual (CAM)">CAM)</a> policy BF-09, Purchase of Mobile Communications Equipment and Related Services Plans.

## STEP ONE - UNIT COMPLETES

Name	of Unit Requesting E	xception:		
	Campus Address:		Mail Code:	_ Phone:
	Unit Contact Name:		Email:	
Mark t	he Special Situation t	hat applies to this req	uest (check one):	
	departmental owners employees. Example drivers, security, put staff. Departments n	ship of cell phones for es of this situation ma blic safety and disaste nay incur expenses fo	ertain units may have spatemporary assignment of include on-call medical rappearedness, and factorical phones in these sited to business use on	to or rotation among I staff, delivery/shuttle ilities management uations.
	Research - When co	grant budget, those	re approved, allowable c expenses may be charge d University policies gov	ed to the grant in
	Pagers - Departmer pagers when there is International Exper	s a business need throns a business requ	communication needs rough standard procurement through standard procurement through the standard polymers.	ent processes. ugh the TEM system
	required for the cond	duct of official busines nents when an employ	r international cell phones while in travel status. Uree's base cell phone pla	Jnits should not
	purposes of monitor	ing compliance with N	A) Coaches - As a matte CAA rules, all head and use University-issued ph	assistant coaches in
	If Division of information:	Intercollegiate Athletic	cs (DIA) is checked, plea	ase provide employee
	Employee Na	ame:		_ UIN:
	Job Title:			

Provide a detailed explanation and justification for exception request:

Exception Request	
Mobile Communications Equipment and Related Service Pl	ans
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## STEP ONE - UNIT COMPLETES (CONTINUED)

Provide detailed description of produ	ucts/services, including cost estimates and justificati	on:				
STEP TWO – COLLEGE-LEVEL EXECUTIVE (DEAN, VICE CHANCELLOR, or VICE/ASSOCIATE PROVOST)						
Printed Name:						
Signature	Title	Date				
→ Print Form, obtain signature of Dean, Vice Chancellor, or Vice/Associate Provost and send to provostbudget@illinois.edu.						
STEP THREE – CHANCELLOR/PR	OVOST APPROVAL					
<ul><li>☐ I approve this exception.</li><li>☐ I do NOT approve this exception.</li></ul>	tion.					
Comments:						
Signature	Title	Date				
		2410				

## STEP FOUR - UNIT CONTACTS URBANA PURCHASING OFFICE