

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 _____ 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: _____