

Mobile Device Agreement

Employee _____ Employee ID _____ Email _____

Department _____ Office Location _____ Ext. _____

FOP Name _____ Fund _____ Organization _____ Program _____

Device Description _____

Phone Number	Electronic Serial Number	Subscriber Identity Module
_____	_____	_____

Notes:

I understand and agree that I may be held responsible for the loss and/or any damage to the equipment and items listed above that I am signing receipt of.

I understand and agree that Northeastern Illinois University is providing this device and its usage is solely intended for University business.

I understand that usage and operating costs will be charged to the FOP indicated above.

I agree to return this device and accessories when no longer needed.

_____ Recipient – Please Print Legibly	
_____ Signature	_____ Date

_____ Returned By – Please Print Legibly	
_____ Signature	_____ Staff - Received By/Date
_____ Signature	_____ Date

Additional Notes on Reverse Side of This Page.

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