



**University of Wisconsin Oshkosh  
Mobile Service Cancellation Form**

Employee Name \_\_\_\_\_

Department \_\_\_\_\_

Billing Account Number (BAN) \_\_\_\_\_

Mobile Device Phone Number ( ) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

I hereby authorize the cancellation of a mobile device handheld voice and/or data services and equipment with wireless services.

Authorized User \_\_\_\_\_ Date \_\_\_\_\_

Send signed original to Finance and Administration–Purchasing, Dempsey 236.

Refer to the **University of Wisconsin Oshkosh Mobile Device Recycling Procedure** on cancelled and obsolete hardware.