



## Wireless Terminal Check-Out Request

Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**Provide a Brief Description of Request:**

  
  
  

Provide Oracle Account for Deposits:

Fund	AY	Organization	Object Code	Program	Function	Activity	Line

Provide Oracle Account for Fees:

Fund	AY	Organization	Object Code	Program	Function	Activity	Line

Departmental Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Acknowledgement of Pick-Up: \_\_\_\_\_ Date: \_\_\_\_\_

By signing above you acknowledge that you have received the wireless terminal(s) and are responsible for returning them. If they are not returned, your department will be liable for the terminal(s), case, and all of the contents.

Please submit completed form to:  
 Lead Cashier  
 Office of Business Operations  
 103 Gilchrist Hall  
 (Campus Code 0008)

**For OBO Use Only**

Terminal 1: \_\_\_\_\_

Terminal 2: \_\_\_\_\_

Check Out Date: \_\_\_\_\_

Return Date: \_\_\_\_\_