

San Diego City Schools

**CANCELLATION/TRANSFER OF CELLULAR PHONE**

Site/Department \_\_\_\_\_ Loc. No. \_\_\_\_\_ Date \_\_\_\_\_

Cellular phone currently assigned to: \_\_\_\_\_

Cellular phone number being cancelled or transferred: \_\_\_\_\_

Check one:

**CANCEL SERVICE**

If cellular phone is not being reissued, return to Telecommunications Office, Maintenance and Operations Center.

**TRANSFER PHONE TO NEW USER**

**To transfer cellular phone to new user, provide the following:**

Cellular phone will be reassigned to: \_\_\_\_\_

Title of cellular phone user: \_\_\_\_\_

Person responsible for cellular charge statement: \_\_\_\_\_  
(includes reviewing monthly statements, paying personal calls, sending payments to M&O Center)

Administrator/Dept. Head responsible for reviewing and approving user audit of cellular phone statement: \_\_\_\_\_

**Budget Account Number for Transferred Cellular Phone (if no change, leave blank):**

Budget account for billing cellular phone calls: \_\_\_\_\_

**Signature approving cancellation/transfer of cellular phone:**

Administrator/Dept. Head \_\_\_\_\_ Phone No. \_\_\_\_\_  
(print name)

Administrator/Dept. Head \_\_\_\_\_ Date \_\_\_\_\_  
(signature)