End-User's Name: _____

RECEIPT OF

WIRELESS EQUIPMENT

I _____ HAVE RECEIVED THE FOLLOWING WIRELESS EQUIPMENT FROM _____.

CELLULAR TELEPHONE #: _____, NIH #: _____

PAGER #: _____, NIH #: _____

P.D.A./IPHONE

COMMUNICATING WITH CELLULAR: NIH #: _____

CELLULAR : _____

USB MODEM – (BEING USED IN LAPTOP – DECAL #: _____)

WIRELESS #: _____, NIH #:_____

SERVICE PROVIDER: _____ **DEVICE**: _____

_____ _____

Employee Signature Date