



Form A

3/17/2026

# LDH-TELECOMMUNICATIONS DEVICE REQUEST FORM

(ONE FORM PER DEVICE. FOR BULK ORDERS CONTACT LDH ADMIN. SERVICES)

Telecom Coordinator/Liaison Name: \_\_\_\_\_ TC/TL PHONE NUMBER: \_\_\_\_\_

Bill Payer Name: \_\_\_\_\_ Bill Payer Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Section Name: \_\_\_\_\_

LaGov Cost Center #: \_\_\_\_\_

**BILLING (PLEASE CHECK ONE OF THE BOXES BELOW)**

**CELLULAR SERVICES REQUESTING (ONLY ONE DEVICE ASSIGNED PER EMPLOYEE):**

(The user will have unlimited talk, text, data, and hotspot/tethering service)

**CELL PHONE:**  AT&T  VERIZON

**MIFI:**  AT&T  VERIZON

**IPAD:**  AT&T  VERIZON

**Check prefix number** applicable to employee's location:  225  318  337  504  985

Charge Existing Account (list account #) \_\_\_\_\_

Create New Account (list section to be set up under) \_\_\_\_\_

**Name of Employee & Personnel # the Device Will Be Assigned to:** \_\_\_\_\_

**IF NOT MAILED TO BIENVILLE, where does the device need to be mailed? Must use a physical OFFICE address:  
(DEVICE CANNOT BE MAILED TO EMPLOYEES HOME THROUGH THE VENDOR)**

The State of Louisiana may only purchase electronic devices for state employees. Such devices are not to be purchased for and/or loaned to contractors, or other individuals who are not officially employed by the State of Louisiana. Please note that while federal emergency funds (HRSA) may be used to purchase devices, the funds are not available for on-going service fees.

**\*\*A statement of justification is required to be attached to this request.**

By signing this document, I am certifying the availability of on-going funding for the requested cellular service and all related fees/charges to this account being available within this budget unit.

	Signature	Date
Approval of Agency Budget Officer		
Approval of Surgeon General, Agency Assistant Secretary, Medicaid Director, LDH Owned Facility/EP/DDS/Board/Commission/LGE Executive Director <i>Signature</i>		
LDH Administrative Services Validation/Verification		
Approval of Deputy Secretary (OAAAS, OBH, OCDD, OPH, LDH Owned Facilities, EP, DDS, and Board/Commission/LGE Executive Directors only)		
Approval of Undersecretary (OS/OMF, MVA, and OSG)		