

Cell Phone Allowance Request Form

Employee Name: _____ ID#: _____

Job Title: _____ Email: _____

Department: _____ Account #: _____

Cell Service Provider: _____ Cell Phone Number: _____

- Cell Phone Other (explain): _____
- Equipment Allowance Requested: \$ _____ (Must be within policy limits)
- Monthly Allowance Requested: \$ _____ /voice \$ _____ /data \$ _____ /GPS
(Must be within policy limits)
- Change Monthly Allowance to: \$ _____ (Must be within policy limits)
- Terminate Current Monthly Allowance effective: _____ (date)

Employee Certification and Signature:

I certify that I will use the funds requested toward the business use designated above, and promptly report any changes in the level of those business expenses to my Supervisor. I further certify that I have read, understood and intend to comply with the University's Cell Phone Policy.

Employee Signature: _____ Date: _____
Printed Name

Supervisory Certification and Signature:

I certify that the requested allowance is needed for this employee, to cover work-related expenditures due to cell phone use, or other, as described above. I certify that I have read, understood and intend to comply with the University's Cell Phone Policy.

Supervisor Signature: _____ Date: _____
Printed Name

Officer Approval: _____ Date: _____
University Officer Printed Name

Authorized Approval: _____ Date: _____
CIO Signature Printed Name

Submit completed form to: Diane Manns Information Services, R.W. Corns Building, Lower Level

Payroll Use Only

mos per month (if 12 monthly pay periods) Budget Line: _____

Entered by: _____ Date: _____