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**Cell Phone Allowance Request Form**

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| **Employee Payroll ID:** |  |
| **Employee Name:** |  |
| **Job Title:** |  |
| **Department:** |  |
| **Cell Phone Number (with area code):** |  |
| **Allowance Start Date:** |  |
| **Allowance End Date:** |  |

**Cell Phone Allowance: Cell Phone Owned by: Fiscal Responsibility:**

**[ ]  $40/ Month** **[ ]  Employee Fund:**

**[ ]  $60/ Month** **[ ]  University Org:**

**[ ]  Discontinue Acct: 7021**

**Justification:**

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**Employee Certification**: I certify that the above allowance will be used toward expenses I incur for cell phone usage as described above.

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|  |  |  |
| **Employee Signature** |  | **Date** |
|  |  |  |
| **Supervisor Signature** |  | **Date** |
|  |  |  |
| **Departmental Vice President Signature** |  | **Date** |
|  |  |  |
| **Vice President of Administration & Finance Signature** |  | **Date** |

Please forward completed form to the Payroll Office. All signatures must be obtained from the primary signatories.

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