



Personal Cellular Device Usage Reimbursement Request Form

► **TYPE OF REIMBURSEMENT REQUEST:**

New Update-Annual Update-Other Terminate

Employee _____ Cell phone # _____

Department _____ Dept contact _____ ext. _____

(End user entering the requisition)

► **MOBILE DEVICE TYPE:** (Choose one.)

Cell phone Tablet (including iPad) Mobile hotspot

► **APPROVED USAGE LEVEL:** (Choose one.)

Include applicable percentage in Step 6 in the Calculation table on the next page.

Tier 1	Tier 2	Tier 3	Tier 4
Up to 30% of allowable expense, maximum \$24/month	Up to 55% of allowable expense, maximum \$44/month	Up to 80% of allowable expense, maximum \$64/month	Up to 100% of allowable expense, no maximum

NOTE: Percentages and dollar amounts above represent a MAXIMUM per policy. Approvers can limit reimbursements if more applicable. **Enter clarification in Justification section below.** For example, "max \$10/month as calls will be minimal." **Enter limited amount price in Step 8 in the Calculation table on the next page.**

► **NUMBER OF MONTHS:** _____ Length of time during fiscal year employee is required to conduct business for the University. **Include in Step 10 in the Calculation table on the next page.**

► **JUSTIFICATION/BUSINESS PURPOSE:**

Personal Cellular Device Usage Reimbursement Request Form cont'd

Employee _____

► CALCULATION:

- 1. Plan cost _____
- 2. # of lines on plan _____
- 3. Allowable share of plan _____ Step 1 divided by Step 2
- 4. Individual charges _____ Individual charges for the employee, excluding equipment*
- 5. Total charges _____ Step 3 plus Step 4
- 6. Tier percentage (as decimal) _____
- 7. Monthly expense _____ Step 5 multiplied by Step 6
- 8. Tier maximum dollar amount _____ OR limited amount indicated
- 9. Lesser of Step 7 or 8 _____
- 10. # of months for reimbursement _____ Enter the number of months or percentage applicable
- 11. Annual request _____ Step 9 multiplied by Step 10

► CELL PHONE STATEMENT MUST BE INCLUDED WITH REQUEST FORM WHEN SUBMITTING REQUISITION.

Submit the first 1-2 pages of the statement to verify the total plan cost, as well as, the number of users on the account (Steps 1 and 2 in the Calculations table above).

Submit the necessary pages detailing the individual line charges for the employee (Step 4 in the Calculation table above). **DO NOT send portions of the bill that contain actual phone calls—this is personal information and not needed for calculations.**

***NOTE:** Equipment charges, including insurance and tracking services, are not included in reimbursement calculations.

► APPROVALS:

Signature of Employee	Printed Name	Date
Signature of Department Head	Printed Name	Date
Signature of Vice President/Provost	Printed Name	Date