

Personal Cellular Device Usage Reimbursement Request Form

Type of Reimbursement Request:

New

☐

Update -
Annual

☐

Update-
Other

☐

Terminate

☐

Employee:

Cell Ph # (w/Area Code)

Department:

Dept Contact (Name/Ext):

(End user entering the requisition)

Mobile Device Type: (Choose One)

Cell Phone:

☐

Tablet

(including iPad)

☐

Mobile

Hotspot

☐

Approved Usage Level: (Choose One)

**Include the applicable percentage in Calculation Step 6*

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 & dollar amounts above represent a **MAXIMUM** per Policy. Approvers can limit reimbursements if more applicable. **Enter clarification in Justification section**. For example "max \$10/month as calls will be minimal." **Enter Limited Amount price in Step 8 below*****

Number of months:

*Length of time during fiscal year employee is required to
conduct business for the University*

****Include the information in Step 10**

Justification/Business Purpose.

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Employee Name

Calculation:

1. Plan Cost	<input type="text"/>	
2. # of Lines on Plan	<input type="text"/>	
3. Allowable Share of Plan	<input type="text"/>	<i>Step 1 divided by Step 2</i>
4. Individual Charges	<input type="text"/>	<i>Individual charges for the employee, excluding equipment</i>
5. Total Charges	<input type="text"/>	<i>Step 3 plus Step 4</i>
6. Tier Percentage	<input type="text"/>	<i>*</i>
7. Monthly Expense	<input type="text"/>	<i>***Step 5 multiplied by Step 6</i>
8. Tier Maximum Dollar Amt	<input type="text"/>	<i>***OR Limited Amount indicated</i>
9. Lesser of Step 7 or 8	<input type="text"/>	
10. # of Months for Reimb	<input type="text"/>	<i>**Enter the number of months or percentage applicable</i>
11. Annual Request	<input type="text"/>	<i>Step 7 multiplied by Step 8</i>

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 & 2 above)

Submit the necessary pages detailing the individual line charges for the employee (Step 4 above). **NOTE:** equipment charges, including insurance and tracking services, are not included in reimbursement calculations

DO NOT send portions of the bill that contain actual phone calls - this is personal information and not needed for calculations

APPROVALS:

Signature of Employee

Date

Signature of Department Head

Printed Name

Date

Signature of Vice President/Provost

Printed Name

Date