



*This form is used to authorize a monthly expense allowance for employees determined to require voice and/or data service as part of their assigned responsibilities. **Please note** that employee allowances will be distributed twice per year. The effective date will be the 1st of the following month (e.g., forms submitted in March will have an April 1st effective date). It is the employee's responsibility to obtain and manage their own device. Complete the form in its entirety, obtain approval from the appropriate Vice President, and submit to the Accounts Payable office.*

Employee Information

| | |
|----------------------------------|--|
| Employee Name: _____ | Department: _____ |
| Employee ID: _____ | Position: _____ |
| Appropriate Administrator: _____ | Appropriate Administrator Phone: _____ |

Service Information

Does the employee's position require voice (e.g., cell phone) and/or data (e.g., wireless card) service as part of their assigned responsibilities? Yes No

Voice (\$55/month) Data (\$55/month)

Please indicate which type of service is required:
 Both Voice and Data (\$100/month)

Chartfield allowance will be charged to: Account: **604090** Fund: _____ Dept ID: _____ Class: _____ Program: _____ Project: _____

Authorization

I hereby authorize a monthly expense allowance, provided twice annually, for the service(s) indicated above. I understand that the employee assumes complete financial responsibility for the wireless service(s) and they may retain or cancel their personal service plan at their discretion. I also understand that this allowance is reported as taxable income.

Employee Signature: _____ Date: _____

Appropriate Administrator Signature: _____ Date: _____

Vice President Approval: _____ Date: _____