

# Cell Phone Allowance Request



**CABRINI**  
UNIVERSITY

This form authorizes a monthly payment to an employee.

Please save, complete, and submit this form with a copy of a current cell phone invoice to Human Resources at the beginning of each fiscal year.

Employee Name \_\_\_\_\_

ID Number \_\_\_\_\_

Job Title \_\_\_\_\_

Department \_\_\_\_\_

Cell Phone Number with area code \_\_\_\_\_

Allowance Start Date \_\_\_\_\_

Allowance End Date \_\_\_\_\_

Banner Budget Number \_\_\_\_\_

Other Payment \_\_\_\_\_

Allowance:            \$30/month             \$45/month             \$70/month

Business Justification:

## Employee Certification:

I certify that the above allowance will be used toward expenses I incur for business cell phone usage as described above and agree to the terms and conditions outlined in the Cabrini University Cell Phone Policy. In addition, I understand and acknowledge that the College will not be responsible for the terms of any contract I choose to enter into with a cell phone provider for my personal plan, including (but not limited to) any fees associated with overages or the early termination of a contract. Attached is a copy of my personal cell phone plan which this allowance will be used to reimburse.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Vice President Signature \_\_\_\_\_

Date \_\_\_\_\_