

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 _____

HR Director Signature _____

Date _____