

# Michigan Technological University

## Cell Phone/Internet Allowance Request Form

### Cell Phone/Wireless Device (CEL)

     New         Revision         Terminate

### Internet (WWW)

     New         Revision         Terminate

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

Employee ID: M \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

Department Telephone #: \_\_\_\_\_

BANNER Index\* Charged: \_\_\_\_\_

\*No Sponsored Accounts allowed

Calendar YEAR \_\_\_\_\_

Effective Date: \_\_\_\_\_

#### Monthly Allowance for **Cell phone**

(attach copy of latest bill)

Service Provider: \_\_\_\_\_

     \$20-Low Business Use

     \$35-Moderate Business Use

     \$50-High Business Use

     \$90-High Business Use-SMART Phone

**OTHER** \$ \_\_\_\_\_ - Enter monthly Amount

Cell Phone Number: \_\_\_\_\_

#### Monthly Allowance for **Internet**

(attach copy of latest bill)

Service Provider: \_\_\_\_\_

     \$20 Low Business Use

     \$35-Moderate Business Use

     \$50-High Business Use

**OTHER** \$ \_\_\_\_\_ - Enter monthly Amount

**Cell Phone/Wireless device Purchase Amount Requested** (allowed every 24 months): \$ \_\_\_\_\_ (attach receipt)

#### **Business Justification** (mark all that apply)

     This employee is a key member needed in the event of an emergency.

     This employee is frequently away from the desk and does not have access to land-based services.

     This employee is involved with frequent off hours/on-call duty.

     This employee has work duties that are critical and immediate response is necessary.

     Other \_\_\_\_\_

#### **Employee Certification:**

I certify that the above allowance will be used toward expenses I incur for the usage as described above. The device/service will be used for business purposes based on my job responsibilities as defined by my department chair or director. I have read the cellular service device allowance and home and off-campus internet allowance policies and agree to follow all employee responsibilities as described. I understand the university allowance for the equipment purchase, other fees, and monthly service plan is NOT part of my base salary. I also understand that any device purchases are my personal responsibility if lost/stolen/damaged. I am responsible for payment of any costs that exceed the university allowance approved on this form, and will pay these costs in a timely manner.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair or Director: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forward completed form to Financial Services and Operations