

# Mobile Device Allowance Request Form



## Employee Information

Employee Name:  APU ID Number:   
 Job Title:  Cell Phone #:   
 Department:  Cellular Carrier:   
 Fiscal Year:  Effective Date:

**This agreement expires at the end of the current fiscal year and must be renewed each fiscal year.**

## Type of Request

New Request  Annual Renewal  Change Existing Allowance  Cancellation  Additional Allowance

## Requested Cell Phone Monthly Allowance Based on Estimated Business Usage

### Cellular Voice Plans & Messaging/Data:

Low business Usage \$50  Moderate business usage \$75  Heavy business Usage \$100

### Other Mobile Device (ipad, tablet, etc):

Low business usage \$20  Moderate business usage \$40  Heavy business usage \$60

## Actual/Monthly Recurring Charges

Total Monthly Estimated Business Usage:  (total of amounts above)  
 Is this Estimated Business Usage more than your Actual Recurring Charge?  Yes  No  
 Total amount that appears on your bill for the phone number listed above:

This amount must include taxes, less any usage charges, and less the applicable Employee Discount.

## Approved Monthly Allowance Amount

(Employee will be reimbursed the **lesser** of the **two** amounts above)

Total Monthly Allowance Amount:   
 Account number to be charged: Fund #:  Dept. #:  Account: 554510 Project:   
(if applicable)

## Justification (check all that apply)

- On-call availability: Employee is required to be on call a majority of the time in the event of an emergency or service need.
- Frequent mobility: Job requires considerable time outside the office and ability to receive and/or make frequent business calls.
- After hours availability: Immediate accessibility required to receive and make frequent business calls outside of working hours.
- Smart Phone Users: Decision making and University responsiveness is of an urgent nature and must be accomplished via email.
- Smart Phone Users: Real time communications by email are required when off campus, away from the office, or after hours.

## Employee Policy Review / Departmental Approval

I have read and agree to comply with Azusa Pacific University's Telecommunications policies and procedures, available at: [www.apu.edu/imt/telecommunications/cellphones/](http://www.apu.edu/imt/telecommunications/cellphones/).

EMPLOYEE - My signature below signifies that I will be incurring business cell phone expenses on my personal cell phone that equal the allowance amount indicated.

DEPARTMENT APPROVAL - My signature below signifies that I have carefully reviewed the attached documentation and verify its accuracy. It substantiates the request for this amount of money on this allowance form. I approve this dollar amount being charged to my departmental budget.

Employee (Print Name)	Employee Signature	Date
Department Budget manager (Print Name)	Signature	Date

**Please send via email to Accounts Payable at [accountspayable@apu.edu](mailto:accountspayable@apu.edu) with attachment of a scanned copy of **EMPLOYEE'S MOST RECENT PERSONAL CELLULAR BILLING STATEMENT**. Please direct any questions to Accounts Payable, extension 4696**