



Cell Phone - Electronic Device Stipend Request

SECTION 1 TO BE COMPLETED BY SUPERVISOR

New Request

Terminate

Requesting incremental reimbursement exceeding stipend (Fill out Section 3)

Eligible Job Title: \_\_\_\_\_

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

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

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

FOAPAL: \_\_\_\_\_

(Always use account 70211)

As department supervisor, I certify the employee listed above has a valid business need to maintain wireless communications in order to conduct official University business and hereby authorize the employee listed above to use his/her personal cell phone/device for conducting official University business.

By my signature below, I certify that I have determined the \$25 cellular stipend is in accordance with the Cellular Phone-Electronic Device Stipend Policy and I hereby authorize the above-referenced employee to receive said stipend.

If at any point during this agreement there is no longer a business need for the reimbursement, it is my responsibility to notify the WesternU Payroll Office in writing to cancel this agreement.

Print authorizing supervisor \_\_\_\_\_

Signature of supervisor \_\_\_\_\_

Date \_\_\_\_\_

SECTION 2 TO BE COMPLETED BY EMPLOYEE

The above named policy states that reimbursements cannot exceed the actual cost to the employee of \$25 per month. Please attach your most recent statement. If your position requires you to use the device mainly for business purposes, any personal usage will be considered de minimis. There is a limit of \$200 (\$8.33/month) every two years on the purchase of the electronic device and is included in the \$25 maximum monthly reimbursement.

By signing this request, you the employee acknowledge that the reimbursement is being provided because of an official university business need and agree to provide your cell phone/device number to the department supervisor for accessibility. You also acknowledge that reimbursement is contingent upon your continued business need as defined in the policy.

Cell Phone and/or Device No. \_\_\_\_\_

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

Date \_\_\_\_\_

SECTION 3 COMPLETE THIS SECTION ONLY IF YOU ARE REQUESTING AN INCREMENTAL REIMBURSEMENT EXCEEDING STIPEND IN A GIVEN MONTH

Stipends are set at \$25/month maximum. If device expenses exceeded this amount for direct business-related expenses, you must submit a copy of your billing statement, highlighting business-related calls. Employees are responsible for completing and submitting documentation to their department supervisor on a monthly basis should additional reimbursement be needed.

Amount Requested by Employee \_\_\_\_\_

Request for Month & Year (MM/YY) \_\_\_\_\_

Short Explanation: