

Western University of Health Sciences  
Electronic Device Reimbursement Request Form  
Including cell phones

<input type="checkbox"/> New	Employee Name _____	Department _____
<input type="checkbox"/> Renewal/Revision	Job Title _____	Effective Date _____
<input type="checkbox"/> Terminate	FOAP _____	Cell Phone No. (     ) _____

Always use account 70211

Item/phone number	Authorized business purpose	Actual Cost of Service	Business % use	Prorated amount
1				\$ -
2				\$ -
3				\$ -
4				\$ -

Request is valid for each year beginning January first. Amounts are considered reimbursements and no longer an allowance.

- ☐ Job duties require the frequent need for a cell phone or employee is away from the University a large part of the time
- ☐ The employee is a critical decision maker
- ☐ The job function of the employee requires them to be accessible outside of normal working hours
- ☐ Other Describe \_\_\_\_\_

Reimbursement

Reimbursements cannot exceed the actual cost to the employee or \$120, please attach your most recent statement. If the employee uses the device mainly for business purposes, any personal usage will be considered de minimis. There is a limit of \$200 (\$8.33/month) for every two years on the purchase of the electronic device and is included in the \$120 maximum reimbursement

Acknowledgement

By signing this request, the employee acknowledges that he/she understands the reimbursement is being provided because of an official university business need and agrees to provide their cell phone/device number to the department supervisor for accessibility. He/she also acknowledges that reimbursement is contingent upon continued business need as defined under the policies.

Signature of employee \_\_\_\_\_  
Date \_\_\_\_\_

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 authorized the employee listed above to use his/her personal cell phone/device for conducting official University business. 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 \_\_\_\_\_