

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 via email to apinvoice@mtu.edu

or
fax to 906-487-2119