

**Nazareth Personal Cellular Phone/PDA Reimbursement Request Justification Form (rev. 02/10/09)**

**NOTE: FOR USE WITH OPTION A**

Refer to the Nazareth Cellular Phone Policy for information about policies regarding cell phone and PDA service. Complete this form each month reimbursement is requested by the employee.

<b>Employee Name &amp; Cell Phone #:</b>	<b>Employee ID #:</b>	<b>Indicate Month/Billing Period:</b>

<b>Employee Department Name:</b>	<b>Job Title:</b>	<b>Exempt Employee? Indicate (Y)/(N):</b>

**Business Purpose/Justification:** Provide a detailed explanation of the reason (e.g., business purpose) this employee requires reimbursement for cell-phone/PDA charges in order to conduct College business outside of regular business hours (or when the employee does not have access to a Nazareth College phone). In other words, why may reimbursement be appropriate for this employee?

**Does the employee use this device for personal calls/messages?**      **No**          **Yes**   

Please indicate the allocation between business \_\_\_\_% and personal \_\_\_\_% usage of the cell phone. Percentages should total 100%.

<b>Name of Service Provider</b>	<b>Amount of Monthly Bill*</b>	<b>Reimbursement Request**</b>

\*Refer to the Nazareth Cell Phone and Data Plan Policy. If you have a personal family plan, Nazareth will reimburse the amount of the base plan only and related fees and taxes up to the business use percentage indicated.

\*\*Total bill less amount for personal use (personal use = total bill X personal % indicated above). **Employee MUST attach their entire monthly bill with itemized business calls (with business purpose noted) to support the amount of personal and business use percentage indicated.**

**Employee Certification:**

*I certify that I require the service for which I will be requesting reimbursement is required in order for me conduct official Nazareth College business and that the reimbursement amount will be reduced by my approximate personal use.*

<b>Employee Signature:</b>	<b>Date:</b>

**Supervisor Certification:**

*I certify that the above-named employee requires the service indicated to conduct official Nazareth College business. Note: If the employee is a dean or vice president, only the Authorized Approval signature is required and this signature may be left blank.*

<b>Supervisor Signature:</b>	<b>Date:</b>

**Senior Staff Approval:**

<b>Date:</b>

*Deans/vice presidents must approve a Cell phone/PDA Reimbursement Request Justification Form for employees within their college/division monthly. The VPAA will approve allowance requests for the deans; the president will approve requests for the vice presidents. To submit for payment, attach the completed Request Justification form to a Check Request Form and send to the Controller's Office for processing.*