Cellular Phone/PDA & Internet Service Allowance Request Form

Refer to the Policies for <u>Selected Discretionary Expenditures</u> (sections D and H) for information about policies regarding cell phone and home internet service.

Employee Name:	Employee ID#:	Job Title:	
Employee Dept. Name:	Dept. #:	Choose one:	Exempt/Semi-monthlyNon-Exempt/Bi-weekly
Business Purpose/Justification: Provide the	reason (e.g., business purpose	e) this employee qualifies fo	or an allowance:
General ledger account number to charge:	71020.		
Allowance option: Indicate option(s) (i.e., pho	ne and internet) and amount fo	r each:	
1. Cellular Phone Only (up to \$40/month): \$ 3. PDA type Data Only (up to \$45/month): \$			
2. Cellular/Data Device (up to \$80/month): \$ 4. Internet Service (up to \$40/month): \$			
Time period for this allowance:			
Start Date: Total Allowance Amount (amount/mo. x # of mo.):			
NOTE: The annual amount covers the time pe following receipt of this form in the Payroll Off July 1 through June 30). Submit a new Allowar	ice; the end date will be June 30 th	of the fiscal year. Requests co	
Employee Certification: I certify that I require t promptly advise my supervisor if I discontinue n	-	ng an allowance to conduct	official RIT business. I will
Employee Signature		Date	
Supervisor Certification: I certify that the above the Payroll Office immediately, in writing, if the dean or vice president, only the Authorized Approximately.	allowance(s) should end prior to t	the end date indicated on this	form. Note: If the employee is
Supervisor Signature		Date	
Authorized Approval		Date	
Deans/vice presidents must approve allo approve allowance requests for the dear		_	

Send the completed form, with the appropriate approvals, to the Payroll Office (2nd Floor, Barnes & Noble @Park Point) for processing.