

**Personal Cellular Phone/PDA
Reimbursement Request Justification Form**

Refer to the [Policies for Selected Discretionary Expenditures](#) (sections D and H) for information about policies regarding cell phone and home internet service. Complete this Form once per fiscal year only (July – June).

Employee Name:	Employee ID #:	Indicate Applicable Fiscal Year:

Employee Home Dept. #/Name:	Job Title:	Exempt Employee? Indicate (Y)/(N):

Business Purpose/Justification: Provide a detailed explanation of the reason (e.g., business purpose) this employee requires a cell-phone/PDA to conduct RIT business outside of regular business hours (or when the employee does not have access to an RIT phone).

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

If you responded “Yes” to the question above, please indicate approximate monthly percentage use for personal calls:
20% ; 30% ; 50% ; other - provide %

Name of Service Provider	~ Amount of Monthly Bill*	~Reimbursement Request**

*Refer to RIT Cell Phone Standards on the Purchasing web page. If you have a personal family plan, RIT will reimburse the amount of the base plan only. **Total bill less amount for personal use (personal use = total bill X personal % indicated above). Reimbursement requests above the amount required for business purposes will be treated as taxable income to the employee.

Employee Certification:

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

Employee Signature:	Date:

Supervisor Certification:

I certify that the above-named employee requires the service indicated to conduct official RIT 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.

Supervisor Signature:	Date:

Authorized Approval:	Date:

Deans/vice presidents must approve a Cell phone/PDA Justification Form for employees within their college/division annually. The provost will approve allowance requests for the deans; the president will approve requests for the provost and vice presidents.

Send the completed form, with the appropriate approvals, to the Accounts Payable Office (Eastman Bldg., 6th Floor). The Form will be kept on file in accounts payable to support monthly reimbursement requests for one fiscal year. Submit actual reimbursement requests each month on an [Invoice Payment Form](#).