



Cell Phone Request and Justification of Business Usage

Name: _____ SUID: _____

Title: _____ Pay Type: Monthly Bi-weekly

Index: _____ Fund: _____ Org: _____ Acct: _____ Prog: _____ Activity: _____

One-time equipment _____ Monthly allowance: _____ **OR** Full payment on University bill? Yes No

Cell Phone Number: _____ **Effective Date:** _____

Generally, approved allowances are \$40/\$60/\$80 per month depending upon the level of service determined by the Dean/VP. Amounts lower than the above may be requested as well.

Recent IRS regulation changes may allow for the tax free treatment of cell phone reimbursements if certain business reasons are documented. The type of cell phone coverage must be reasonably and necessarily related to the University's business needs and the amounts reimbursed must be considered reasonable. Please check the applicable box(es) below and provide a brief explanation of the reason:

Yes No Does your job function require that you be available to the University at all times for work-related emergencies?

Yes No Does your job function necessitate that you speak with clients at times when you are away from the office or outside the normal work schedule (i.e., clients are in different time zones)?

Yes No Other business reason that may necessitate use of cell phone, (describe below):

Describe the activity that necessitates your use of a cell phone for business purposes: _____

By signing below, the employee and direct supervisor certify the business need and that they have read understood and intend to comply with the Samford University Cell Phone Usage and Allowance Policy.

Employee Signature

Date

Supervisor/Dean Signature

Date

Vice President/EVP Signature

Date

Oversight Committee Signature

Date

IMPORTANT: Return this form to the Accounting Office-Samford Hall Room 205. For employees receiving an allowance, please attach a copy of your most recent monthly bill to verify your actual costs exceed the reimbursement amount.