College of Engineering

Wireless communication device reimbursement allowance form

Accompanies College of Engineering policy 4-4

Action (check one): New_____ Change _____

Employee Name:		
Employee ID:		
Job Title:		
Department:		
Purpose code to be charged:		
Allowance Amount:		
Standard Use:		maximum: $30/ month
OR High Use:		maximum: $50/ month
Data Plan:		maximum: $30/ month
Hardware replacement:		maximum: $50 every 2 years
Total reimbursement requested:		

Business Justification:_____

_____

_____

_____

_____

Employee Signature Date

Approvals (this is valid for one calendar year and must be updated by supervisor annually. Further, change in position automatically requires renewal of approvals)

Supervisor Name	Signature	Date
Dean	Signature	Date