



**Cell Phone Reimbursement Pre-Authorization Form**

Cal Poly Corporation, San Luis Obispo  
 Accounts Payable Office, Building 15  
 (805)756-1451 Main Line • (805)756-5052 Fax Line

*(Please print and fill out this form)*

<b>Purpose of this form:</b> This form documents the anticipated cell phone/plan costs in order for the approving authority to ensure the costs are consistent with the Corporation's business needs of the employee and that any reimbursement is in line with the Corporation's Cell Phone Policy.	
<b>Employee Name:</b>	<b>Campus Telephone:</b>
<b>Department:</b>	

<b>Cell Usage/Plan*:</b>		
	<u>Proposed Plan</u>	<u>Cost</u>
<b>Minutes</b>		\$
<b>Texts</b>		\$
<b>Data</b>		\$
<b>Device Insurance</b>		\$
<b>Applicable Taxes</b>		\$
<b>TOTAL</b>		\$

<b>Cell Phone Purchase*:</b>	
<input type="checkbox"/> Retain current cell phone	<input type="checkbox"/> Purchase new cell phone Manufacturer: Model #: Cost: \$

<b>Employee Certifications:</b> <input type="checkbox"/> I certify that I will obtain and maintain a cell phone plan and device that provides the level of services referenced above. I will notify the approving authority should I modify, drop or change cell phone plans below the plan level identified above.		
<b>Employee Name:</b>	<b>Signature:</b>	<b>Date:</b>

<b>Approving Authority Name:</b>	<b>Approving Authority Title‡:</b>
<b>Approving Authority Signature:</b>	<b>Date:</b>

‡Approving authority must hold a minimum employment classification of department head, director or manager and have signature authority over the funds used.

\*Contact your local IT Support to ensure cellular provider used is supported by your local IT dept.

**PLEASE RETAIN FORM IN DEPARTMENT OFFICE AS RECORD OF APPROVAL**