CAL POLY CORPORATION

(Please print and fill out this form)

Cell Phone Reimbursement Request Form

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

Date:	**Months covered by this reimbursement**: *
Employee Name:	**Campus Telephone:**
Department:	

Cell Usage/Plan needed to cover business use:		
	Description	***Monthly Cost x 3***
Plan Reimbursement- for business portion only	**May be submitted for three months in advance. Attach most recent bill demonstrating the cost. Do not submit call usage detail.*	$
Device Insurance	*(If billed monthly, may submit for three months same as above)*	$
Taxes		$
Cell Phone Purchase**	*Manufacturer and Model #:*	$
Other costs		$
TOTAL		**$**

ONE Solution accounts to be charged:			
Org Key (5 digit)		**Additional Notes**	
Object Code (6 digit)			

***Receipts must be attached in order to be reimbursed. The phone is not University property and should not be tagged or inventoried.* Contact your local IT Support to ensure the cell phone being purchased is supported.

Employee Certifications (all boxes must be checked):

☐ I certify that the cell phone charges being submitted are for the cost of maintaining a personal cell phone plan for business use.

☐ I certify that the bill being submitted for reimbursement is representative of costs incurred for the months shown above. I will notify the approving authority if the cell phone plan charges being submitted for reimbursement change.

Employee Name:	**Signature:**

Approving Authority Certification (all boxes must be checked):

☐ I certify that there are substantial business reasons for requiring the employee to use their personal cell phone plan for work-related purposes.

☐ I certify that I have determined the minimum plan and device requirements for this employee for business use, that this reimbursement is for the discounted cost of those services, and it does not exceed the charges paid by the employee for the cost of a cell phone plan attributable to Corporation business.

☐ I certify that this reimbursement is non-compensatory (i.e., not in lieu of pay).

Approving Authority Name:	**Approving Authority Title‡:**
Approving Authority Signature:	**Date:**

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