

Quarterly Desktop Telephone Usage Statement



Purchase College / State University of New York

I. Instructions on Completing This Form: Please **submit this completed form at the end of each QUARTER to the CTS Telecommunications Office** (Social Sciences Building SS0007) along with your credit card authorization, check or money order made payable to Purchase College for any personal calls.

NOTE: All employees must submit a quarterly report whether or not a reimbursement is due to Purchase College. If no reimbursement is due for personal calls made during the period (see P 3, Executive Order #1 for guidelines), insert a zero in item II.B. Thank you for your prompt attention to this matter.

I certify that:

1. I have reviewed a copy of the **desktop telephone** bill for the period below to determine if any reimbursement is due for personal calls.
2. The amounts represented on this report reflect reimbursement for personal calls.
3. All calls not reimbursed are just and proper calls relating to official State University business.

Name: _____ Department: _____

Signature: _____ Date: _____

II. DESKTOP TELEPHONE REIMBURSEMENT

	Phone Number (A)	Personal Calls Amount Due (B)	Period of Charges (e.g. Jan 2008) (C)
1. Desk Phone	_____	_____	_____
2. Desk Phone	_____	_____	_____
3. Desk Phone	_____	_____	_____
4. Desk Phone	_____	_____	_____

TOTAL REIMBURSEMENT ENCLOSED: _____

III. Payment Type: (Please Check One)

☐ CHECK ☐ CASH ☐ MONEY ORDER

CREDIT CARD AUTHORIZATION: (Please Check One)

☐ AMERICAN EXPRESS ☐ DISCOVER ☐ MASTERCARD ☐ VISA

Credit Card Account Number: _____

Expiration Date: _____ / _____ Payment Amount: \$ _____

(Month / Year)

Name as it appears on the card: First _____ Initial _____ Last _____

Authorized Signature: _____ Date: _____