

## Monthly College-Owned Cellular 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 MONTH 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:** You are to submit a report whether or not a reimbursement is due to Purchase College. If no personal calls were made during the period, 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 **cellular 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: \_\_\_\_\_ Account No: \_\_\_\_\_

### II. CELLULAR TELEPHONE REIMBURSEMENT

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