

## Quarterly Personal Cell Telephone Reimbursement Request Form

### Purchase College / State University of New York

Cell phones should NOT be used as a replacement for a desktop telephone. Calls made using a cell phone are significantly more expensive than calls made using desktop land lines. This reimbursement allowance program should only be assigned to employees where either:

- a) The employee must be accessible and normally works in the field and is not near a fixed land line
- b) The employee is engaged in providing a critical or emergency service for the College community and must be accessible at all times

My signature below certifies that this Reimbursement Allowance is for conducting official business on behalf of Purchase College, and that I have read and agree to comply with the College's policy governing the use of cellular telephones.

I, \_\_\_\_\_ request reimbursement for use of my personally owned cellular phone  
(Please Print Employee's Name)

# \_\_\_\_\_ For the period \_\_\_\_\_ on \_\_\_\_\_  
(Cell Phone Number) (Date Range) (Today's Date)

Signed: \_\_\_\_\_  
(Employee's Signature)

I have attached the cover page for each monthly cellular telephone statement showing the date of service, carrier, subscriber name and address, and cell phone number.

I understand that I will be reimbursed at the standard allowance rate for each service approved by the college on my Personal Cell Phone Reimbursement Allowance form.

**Submit this completed form to the Purchasing and Accounts Payable Office.**

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### Purchasing and Accounts Payable Review

I have reviewed the authorization documentation on file and the attached submittal and approve the issuance of a Reimbursement Allowance Check to the above employee: \_\_\_\_\_  
(PAP Reviewer) Signature date)