

ONE-TIME COMMUNICATION EQUIPMENT ALLOWANCE FORM
(Disbursed via Direct Deposit)

Name (Last, First MI)	S Number
Department	Work Phone #
Index Code 70755	Cell Phone #
Account Code	E-Mail Address
Work Address (Including Mail Stop)	

Business Purpose: _____

One-Time Communication Equipment Allowance Options:

\$ _____ (Reimbursement Amt) **(Reimbursement is for the actual cost up to \$300.00. Attach receipt as proof of purchase.)**

I have read and understand the associated Personal Communication Program Guidelines. I understand that this allowance is **NOT** part of my base salary and that any equipment purchased or contract provisions of any communication service plan entered into under this program are my personal responsibility.

Employee Signature

Date

APPROVED:

Department Head Signature

Date

Vice President Signature

Date