



THE OHIO STATE UNIVERSITY
 OFFICE OF ACADEMIC AFFAIRS
 REQUEST FOR PAYMENT OF CELL PHONE ALLOWANCE

TO: JOSEPH ALUTTO
 EXECUTIVE VICE PRESIDENT AND PROVOST

RE: REQUEST FOR PAYMENT OF CELLULAR PHONE ALLOWANCE

REQUESTOR NAME:

EMPLOYEE ID #:

UNIT NAME:

DESCRIPTION OF NEED

Description of employees business need for cell phone. If request includes equipment reimbursement for personal digital assistant (PDA), please address specific business need for use of the PDA.

SERVICE INFORMATION

TIME PERIOD OF REQUEST Request can be made for up to one full year and is to be resubmitted each fiscal year.
 Starting Date ____/____/____ Ending Date ____/____/____

SERVICE PROVIDER AT&T Sprint Verizon Other- _____

DEPARTMENT INFORMATION

FUNDING SOURCE Org- _____ Fund- _____ Account- _____
 Program- _____ Project- _____ User Defined- _____

REQUESTED ALLOWANCES

INITIAL EQUIPMENT REQUESTED	Initial Cell Phone Purchase Costs _____ (\$100 maximum)	PDA Purchase Costs _____ (\$300 maximum)
MONTHLY CHARGES	Monthly Cell Phone Charges _____ (\$50/month maximum)	Monthly PDA Charges _____ (\$100/month maximum)

APPROVALS

I have read and understand the Office of Academic Affairs Cell Phone and Personal Digital Assistant. Cell phone/ wireless handheld device account documentation should be attached to this form. Initial requests may be approved without evidence of existing account. However, entry of the allowance will not occur until evidence of this account is provided.

By signing this document, I acknowledge that the allowance amount will be included in my taxable income.

Employee Signature- _____

Date- _____

Unit Head Signature- _____

Date- _____

Provost Signature- _____

Date- _____