

**Personal Cellular Phone/PDA  
Reimbursement Request Justification Form**

Refer to the [Policies for Selected Discretionary Expenditures](#) (sections D and H) for information about policies regarding cell phone and home internet service. Complete this Form once per fiscal year only (July – June).

<b>Employee Name:</b>	<b>Employee ID #:</b>	<b>Indicate Applicable Fiscal Year:</b>

<b>Employee Home Dept. #/Name:</b>	<b>Job Title:</b>	<b>Exempt Employee? Indicate (Y)/(N):</b>

**Business Purpose/Justification:** Provide a detailed explanation of the reason (e.g., business purpose) this employee requires a cell-phone/PDA to conduct RIT business outside of regular business hours (or when the employee does not have access to an RIT phone).

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Does the employee use this device for personal calls/messages? No  Yes

If you responded “Yes” to the question above, please indicate approximate monthly percentage use for personal calls:  
20%  ; 30%  ; 50%  ; other  - provide %

<b>Name of Service Provider</b>	<b>~ Amount of Monthly Bill*</b>	<b>~Reimbursement Request**</b>

\*Refer to RIT Cell Phone Standards on the Purchasing web page. If you have a personal family plan, RIT will reimburse the amount of the base plan only. \*\*Total bill less amount for personal use (personal use = total bill X personal % indicated above). Reimbursement requests above the amount required for business purposes will be treated as taxable income to the employee.

**Employee Certification:**

*I certify that I require the service for which I will be requesting reimbursement is required in order for me conduct official RIT business and that the reimbursement amount will be reduced by my approximate personal use.*

<b>Employee Signature:</b>	<b>Date:</b>

**Supervisor Certification:**

*I certify that the above-named employee requires the service indicated to conduct official RIT business. Note: If the employee is a dean or vice president, only the Authorized Approval signature is required and this signature may be left blank.*

<b>Supervisor Signature:</b>	<b>Date:</b>

<b>Authorized Approval:</b>	<b>Date:</b>

*Deans/vice presidents must approve a Cell phone/PDA Justification Form for employees within their college/division annually. The provost will approve allowance requests for the deans; the president will approve requests for the provost and vice presidents.*

Send the completed form, with the appropriate approvals, to the Accounts Payable Office (Eastman Bldg., 6<sup>th</sup> Floor). The Form will be kept on file in accounts payable to support monthly reimbursement requests for one fiscal year. Submit actual reimbursement requests each month on an [Invoice Payment Form](#).