

University of Florida
Cell Phone/Similar Wireless Communication Devices
Reimbursement Request Form

Type of Reimbursement Request: New Update Terminate

Today's Date: _____
Employee's Name: _____
UFID: _____
Department: _____
Dept ID: _____
GL Account: _____
Chartfield: _____

Dept. Contact: Amanda Smith
Contact Phone#: 352-294-4563
Contact Email: smithal@ufl.edu

Device Type: Chose one and mark the appropriate box

Cell Phone *Monthly Reimbursement: _____ **Purchase Reimbursement: _____

Phone Number to Be Used: _____

Other: _____ *Monthly Reimbursement: _____ **Purchase Reimbursement: _____

Initiate Date: _____ End Date: _____

* This reimbursement is not taxable to the employee. Typically, such reimbursements would be in the \$40 per month range. However, because the use and needs can vary so significantly the appropriate reimbursement should be determined and documented by the department head, but should not be more than \$150 per month. ** CVM will no longer reimburse for a wireless device or wireless device equipment.

Amount Justification / Business Purpose:

Type of employee meeting the official business need for cell phone/similar wireless communication devices use (mark all that apply):

- Department Head level position or above
- Key critical situation members (requiring 24/7 contact: i.e., network administrators, police, facilities staff, etc.)
- Field staff (job duties require being out of the office a significant amount of the time)
- Other (please provide justification): _____

Certification and Signature:

I certify that I have read and understand the UF Cell Phone and Similar Wireless Communication Devices Directive. It is my responsibility to report changes or interruptions in service of the device to my department contact. I also affirm that a reimbursement, other than the one stated above, is not being received from another department or activity affiliated with the University of Florida.

Signature of Employee

Date

I certify that I have read and understand the UF Cell Phone and Similar Wireless Communication Devices Directive. I further certify that use of an employee's cell phone and/or other wireless communications device and reimbursement amounts are a requirement to fulfill this employee's job duties. I affirm that the reimbursement requested is appropriate for the level of usage.

Signature of Dean/Director/Department Head

Date

Printed Name of Dean/Director/Department Head

Retain this completed form in the department, along with any other necessary documentation to support the justification of amount and approvals for audit purposes.