

# One-time Cell Phone Reimbursement Request Form



## Employee Information

Employee Name:	APU ID Number:
Job Title:	Cell Phone Number:
Department:	Date of Request:

## Equipment Stipend

Cell phone stipend recipients are eligible for a non-taxable phone equipment stipend once every 2 years based on available budget. The stipend is not to exceed the established equipment stipend amount or the actual amount paid. Amounts will vary for voice only stipend recipients and data plan stipend recipients. Request must be submitted no later than 30 days from purchase date. Equipment is **not** to be purchased using an Azusa Pacific University credit card.

Type of phone required for employee's business usage (based on stipend employee is receiving):  
 Voice only phone (for Voice Stipends) - up to \$50      PDA Phone\* (for Voice + Data Stipends) - up to \$250

Actual amount paid for phone (including sales tax and less any rebates):  
 Make and model of Phone:  
 \*BlackBerry devices do not qualify for a PDA phone equipment stipend

**This stipend is available no more than once every two years. Date last equipment stipend was received:**

<b>Total One-Time Stipend: \$</b>	<b>Fund #:</b>	<b>Department #:</b>	<b>Account #:</b>
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Amount should be the lesser of the actual cost paid for the phone or the appropriate established equipment stipend level.

**\*Attach original invoice/receipt indicating that the cell phone was purchased for employee's line.**

## Early Termination Fee Stipend

If a University decision is made (unrelated to employee misconduct) which results in the need to change or end the cell phone contract, the department may cover the cost of the associated contract termination fee with a non-taxable stipend as long as the fee is incurred no more than 30 days after the University decision is implemented. Request for an Early Termination Fee Stipend must be submitted no more than 30 days after the fee is billed. Employee must bear fee costs in all other situations.

Total Amount of the early termination fee billed by wireless provider (not to exceed \$175):  
 Department determined a phone is no longer required for the position or individual.  
 Employee changed departments and is no longer eligible for a cell phone stipend.  
 Employment with the University has been terminated (unrelated to employee misconduct).  
 Other (please specify):

<b>Total One-Time Stipend: \$</b>	<b>Fund #:</b>	<b>Department #:</b>	<b>Account #: 554510</b>
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**\*Attach original invoice indicating the amount of the early termination fee billed to employee's line.**

## Justification (check all that apply)

- Employee is required to be on call a majority of the time in the event of an emergency or service need.
- Frequent mobility: Time outside the office and ability to receive and/or make frequent business calls.
- Immediate accessibility required to receive and make frequent business calls outside of working hours.
- Decision making and University responsiveness is of an urgent nature and must be accomplished via email.
- Real time communications by email are required when off campus, away from the office, or after hours.

## Employee Policy Review

I have read and agree to comply with Azusa Pacific University's Telecommunications policies and procedures, available at: [www.apu.edu/imt/telecommunications/cellphones/](http://www.apu.edu/imt/telecommunications/cellphones/). My request is in compliance with these policies. My signature below signifies that this stipend is to cover business related charges that equal the amount indicated. I understand the stipend is non-taxable.

Employee Signature _____	Date _____
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## Departmental Approval

I have read and agree to comply with Azusa Pacific University's Telecommunications policies and procedures, available at: <http://www.apu.edu/imt/telecommunications/cellphones/>. This request is in compliance with these policies. My signature below signifies that I have carefully reviewed the attached documentation and verify it's accuracy. It substantiates the request for this amount of money on the stipend form. I approve this dollar amount being charged to my department budget.

Department Budget Manager (Print Name) _____	Signature _____	Date _____
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Submit completed form to the Business Office along with appropriate documentation.  
 Please direct any questions to the IMT Support Desk at extension 5050 or support@apu.edu