



THE OHIO STATE UNIVERSITY  
OARDC

REQUEST FOR PAYMENT OF CELL PHONE ALLOWANCE FORM

TO:

RE: REQUEST FOR PAYMENT OF CELL 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**

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

**SERVICE PROVIDER**  AT&T  Sprint  Verizon  Other- \_\_\_\_\_

**DEPARTMENT INFORMATION**

**FUNDING SOURCE** Org- \_\_\_\_\_ Fund- \_\_\_\_\_ Account- \_\_\_\_\_  
 Program- \_\_\_\_\_ Project- \_\_\_\_\_ User Defined- \_\_\_\_\_

**REQUESTED ALLOWANCES**

<b>INITIAL EQUIPMENT REQUESTED</b>	Initial Cell Phone Purchase Costs _____	PDA Purchase Costs _____
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<b>MONTHLY CHARGES</b>	Monthly Cell Phone Charges _____	Monthly PDA Charges _____
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**APPROVALS**

I have read and understand the Office of Research's Cell Phone and Personal Digital Assistant Policy. 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- \_\_\_\_\_

OARDC Signature - \_\_\_\_\_ Date- \_\_\_\_\_