

Electronic Communication Authorization & Reimbursement Form

Purpose: Use this form to request cell phone and/or data plan subsidy by the University of San Francisco. Once approved, service fees and equipment charges should be paid on your USF purchasing card. Alternatively, an employee can be reimbursed via direct deposit. Any amounts exceeding the approved amounts on this document are considered personal and should not be paid with University funds.

To Qualify: An employee's job responsibilities must include activities critical to USF operations and include one of the following:

1. Majority (over 50%) of employee's job responsibilities are conducted away from the office.
2. Employee is on-call 24 / 7 to respond to emergencies.
3. Employee is a critical executive decision-maker.

Employee Information

Employee name (Last/First)	Job title	Campus phone
Department name	E-mail address	

Statement of Business Purpose

Use the space below to provide justification for your request. The justification should include a sound business purpose, identifying how the device is critical to University operations and essential to perform your job responsibilities.

Cell Phone Equipment Purchase

Expected date of purchase	Fee up to \$100.00 bi-annually	Cell phone number
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Cell Phone Service Plan Information

Vendor name	Monthly fee (up to \$50 per month including all taxes)	One-time set-up fee
Monthly Data fee (up to \$50 per month including all taxes)	Describe plan highlights and attach a copy of contract.	

Tablet Data Plan Information

Vendor name	Monthly fee (up to \$50 per month including all taxes)	One-time set-up fee
Describe plan highlights and attach a copy of contract.		

Authorization

Supervisor (Last/First)	Budget Manager (Last/First)	Vice President (Last/First)
Phone	Phone	Phone
Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____
X	X	X

Agreement

I acknowledge that I am responsible for payment of the monthly fee(s) to the vendor and that I will inform USF's Disbursement Department if I cancel my contract for services.

X _____

Employee Signature

Date