

## Kent State University Cellular Service Reimbursement Form (Personal Use)

Employee Name \_\_\_\_\_ Banner ID \_\_\_\_\_

Department \_\_\_\_\_ Dates of coverage: \_\_\_\_\_

Plan Choice:  Discretionary "personal use" option, *policy reference: 7-02.15(E)(2)*  
 Automatic reimbursement option, *policy reference: 7-02.15(E)(3)*

Cellular Phone # used by Employee for Business Use \_\_\_\_\_

Business Purpose of Cellular Device \_\_\_\_\_

### Directions

1. Employee must attach the appropriate billing statement(s) from the cellular service provider to this form, either in physical or electronic format (if the form is submitted in PDF format).
2. Employee must underline, or otherwise clearly mark and distinguish all calls made for business purposes.
3. All calls not marked will be considered to be "personal" calls.
4. Employee must reimburse university for a pro rata percentage of all calls contained within the "base usage limit."
5. Employee must submit a reimbursement check (with "Cellular Service Reimbursement" written in the subject line) to the Department Head/Chairperson within 10 days of the end of each month, or applicable reimbursement period.
6. The reimbursement check (along with this completed and approved form) must be forwarded to the Procurement Office immediately upon receipt.

### Reimbursement Formula *(To be filled out by employee)*

Total Number of Minutes of Personal Use	Total Number of "Base Usage" Minutes in Cellular Plan	Percentage of Personal Calls made on the plan	Total Cost of the Cellular Plan	Total Cost of Plan subject to reimbursement	Accounting Distribution Index/Account
(A)	(B)	<i>(A) divided by (B)</i>		<i>Total Cost divided by percentage</i>	
_____	_____	_____ %	\$ _____	\$ _____	see below

Amount to reimburse per reimbursement formula (above)	\$ _____	_____ / _____
Plus Administrative fee	\$10.00	
<b>Total Reimbursement</b>	<b>\$ _____</b>	

### Employee Certification

I certify and attest that all information provided above is true and correct to the best of my knowledge, and hereby provided in good faith. I certify that the nature of my position with the University requires access to a cellular device for legitimate business purposes. I have read and agree to abide by the Kent State University Cellular Device Policy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### Department Head/Chairperson Receipt and Approval

I certify that I have reviewed the above information and the supporting documentation to ensure compliance with the Kent State University Cellular Device Policy.

\_\_\_\_\_  
Department Head/Chairperson Signature

\_\_\_\_\_  
Date