

SUNY College at Oneonta RESEARCH FOUNDATION
CELLULAR PHONE AUTHORIZATION FORM

Employee Name:

Campus Address:

Home Address:

Email address:

Please complete the following and submit to your project supervisor for approval:

Reason for request for reimbursement of cell phone plan cost (check all that apply):

- Responsibilities include making critical day-to-day business decisions requiring immediate attention
- Frequently out of the office, in remote locations, or off campus and communication is essential
- Frequently engage in work-related travel
- Position is expected to receive and return critical calls outside non-working hours
- Designated as key personnel needed in the event of an emergency
- Personal safety concerns or employees working evening hours and/or working in isolated areas

I am requesting the following: CHECK ONE

- Reimbursement for monthly cell phone plan made on my personally-owned cell phone upon submission of appropriate documentation of cost of plan. Please note that **taxes and overage charges cannot be reimbursed.**
- Reimbursement for business calls made on my personally-owned cell phone upon submission of appropriate documentation of calls. Reimbursement will be calculated as: (# of business call minutes identified in call detail divided by total plan allowable minutes) x monthly plan amount. Please note that **taxes and overage charges cannot be reimbursed.**
- (*Exception basis only*) A cell-phone for business use only, arranged through the College at Oneonta Research Foundation Office. All charges for the plan, phone and calls will be paid by the sponsored program as approved by my supervisor.
- Reimbursement for text messages or texting plan. Specific need justification must be attached. Please note that taxes and overage charges cannot be reimbursed.
- MiFi or other plan. Detailed justification must be attached.

I understand that payment of these charges will be immediately revoked if Sponsor so requests, or if a Sponsored Program Office or Audit review determines phone use is not required for the needs of the sponsored program.

Employee Signature: _____

Date: _____

(requires Supervisor / PI approval on next page)

For SUPERVISOR (Principal Investigator/Project Director):

I have reviewed and approve the above request and have attached a justification that addresses and documents all items of recommended reimbursement amount for phone plan.

Standard monthly plan amount to be reimbursed: _____

Or

Other amount (as explained in Justification): _____

Signed: _____

Date: _____

Printed Name:

Sponsored Program Account(s) to be used to cover phone charges:

Award Name (s):

Award Number (s):

Sponsored Programs Office Approval

I have reviewed and approve the above request.

Signed: _____

Date: _____