

**Oakland University
Cell Phone Allowance Request Form**

Grizz ID: _____

Employee Name: _____

Job Title: _____

Department: _____

Cell Phone Number (with area code): _____

Allowance Start Date: _____

Allowance End Date: _____

FOAPAL to be Charged:

Fund: _____ Org: _____ Account: C052/Other Pay

Cell Phone Allowance:

☐ \$45/Month ☐ \$65/Month ☐ \$90/Month ☐ Other/Month \$ _____

Cell Phone Owned by: ☐ Employee ☐ University

One-time Cell Phone Purchase Amount Requested \$ _____

Business Justification:

Employee Certification:

I certify that the above allowance will be used toward expenses I incur for cell phone usage as described above.

Employee Signature

Date

Supervisor Signature

Date

Executive Officer Signature (or designee)

Date

Please forward completed forms as follows:
Deans and Academic Administrators – Academic Human Resources.
All other employees – University Human Resources.