

Division of Agriculture, Agricultural Experiment Station
Cell Phone Reimbursement Request

The purpose of this form is to document **supervisor** approval before a request for cell phone reimbursement is entered in webBASIS. This signed form must be scanned and attached to the reimbursement request that **will be reviewed through the BASIS target approval process for final approval**. Criteria for reimbursement includes: 1) where job duties routinely require employees to utilize their own device or be accessible for significant periods of time in order to adequately accomplish their regular work tasks 2) where job duties routinely require employees to be away from their office for significant amounts of time for travel, field work, etc. and have a need to be accessible 3) where job duties include protection of property and/or administering critical campus infrastructure. See Fayetteville Policies and Procedures 306.1 for further details at <http://vcfa.uark.edu/policies/fayetteville/avcb/3061.php>

Employee name (typed) _____

Employee cell phone number _____

Reimbursement amount requested _____ (Authorized rate up to \$50 per month includes data and text plans. Equipment is to be provided by the employee.)

Period of reimbursement (maximum 12 mos. ending 6/30 of each fiscal year) _____

Supervisor should:

Review for appropriateness to position

Review cost of business use from supplied information (cell phone bill).

Recommend monthly amount of reimbursement and period of reimbursement.

Signatures

Employee: _____ Date _____

Supervisor Approval: _____ Date _____

An eligibility review should be performed whenever an employee's work assignment changes to the extent that the approval criteria are no longer met.