



# Seattle University Cell Phone Request Form

Today's Date: \_\_\_\_\_

Please return original signed form & back up to the Controller's office in the O'Brien Center.

1218 East Cherry Street

Call 206.398.4423 with any questions.

Are you requesting (check one):

- University issued cell phone       Upgrade
- Reimbursement for personal phone (Up to max of \$60 per month) \*\*

Cell Phone # \_\_\_\_\_

\*\* Department will determine/approve percent of SU business usage of personal phone

**Please attach two months of current cell phone bills with this request**

## Employee / Department Information:

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

The employee named above acknowledges receipt and review of Seattle University's Policy Statement for Portable Telecommunications Devices. Employee agrees that misuse of the phone or using it in ways inconsistent with this policy or with local, state or federal laws will result in immediate cancellation of the mobile device or reimbursement. The employee acknowledges that the phone is issued for non-compensatory business reasons and that he or she meets the eligibility requirements for a mobile device.

Seattle U ID: \_\_\_\_\_ Title: \_\_\_\_\_

Campus Phone: \_\_\_\_\_

Campus Email: \_\_\_\_\_

Department Name: \_\_\_\_\_

Activity String:    \_ \_ - \_ - \_ - \_ \_ \_ \_ \_ - 5306090  
                          (fund) (location) (function)      (activity)                      (object)

## Business Purpose for Cell Phone:

Please describe your SU related business needs for a cell phone:

## Department Approval Signatures:

\$\_\_\_\_\_ Amount approved by department (based on % of SU related business conducted on personal phone)

\_\_\_\_\_  
Supervisor Name:                                      Signature:                                      Date:

\_\_\_\_\_  
Area VP's Name:                                      Signature:                                      Date: