

University of Florida  
Cell Phone/Similar Wireless Communication Devices  
Reimbursement Request Form

Type of Reimbursement Request:     New         Update         Terminate

Today's Date: \_\_\_\_\_  
Employee's Name: \_\_\_\_\_  
                  UFID: \_\_\_\_\_  
Department: \_\_\_\_\_  
                  Dept ID: \_\_\_\_\_  
GL Account:    722200 - Cellular Telephone Expense  
Chartfield:    \_\_\_\_\_

Dept. Contact: \_\_\_\_\_  
Contact Phone#: \_\_\_\_\_  
Contact Email: \_\_\_\_\_  
  
Cell Number: \_\_\_\_\_

**Device Type:** Chose one and mark the appropriate box

- Cell Phone                      \* Monthly Reimbursement: \_\_\_\_\_        \* Purchase Reimbursement: \_\_\_\_\_  
 Other: \_\_\_\_\_                \* Monthly Reimbursement: \_\_\_\_\_        \* Purchase Reimbursement: \_\_\_\_\_

Initiate Date: \_\_\_\_\_        End Date: \_\_\_\_\_

\* This reimbursement is not taxable to the employee. Typically, such reimbursements would be in the \$40 per month range. However, because the use and needs can vary so significantly the appropriate reimbursement should be determined and documented by the department head, but should not be more than \$150 per month. The purchase reimbursement limit for each device is \$150.00 for cell phones and \$250.00 for similar wireless communication devices. These purchases are limited to once every two years.

**Amount Justification / Business Purpose:**

**Type of employee meeting the official business need for cell phone/similar wireless communication devices use (mark all that apply):**

- Department Head level position or above  
 Key critical situation members (requiring 24/7 contact: i.e., network administrators, police, facilities staff, etc.)  
 Field staff (job duties require being out of the office a significant amount of the time)  
 Other (please provide justification): \_\_\_\_\_

**Certification and Signature:**

I certify that I have read and understand the UF Cell Phone and Similar Wireless Communication Devices Directive. It is my responsibility to report changes or interruptions in service of the device to my department contact. I also affirm that a reimbursement, other than the one stated above, is not being received from another department or activity affiliated with the University of Florida.

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

\_\_\_\_\_  
Date

I certify that I have read and understand the UF Cell Phone and Similar Wireless Communication Devices Directive. I further certify that use of an employee's cell phone and/or other wireless communications device and reimbursement amounts are a requirement to fulfill this employee's job duties. I affirm that the reimbursement requested is appropriate for the level of usage.

\_\_\_\_\_  
Signature of Dean/Director/Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Dean/Director/Department Head

Retain this completed form along with any other documentation to support the justification of amount & approvals for audit purposes.