

**EASTERN KENTUCKY UNIVERSITY
CELLULAR REIMBURSEMENT REQUEST APPLICATION**

This application for a cellular reimbursement must be completed by the requestor and their supervisor. Completed and signed application must be forwarded to Human Resources, Jones 203 CPO 24A.

***** Please read the Eastern Kentucky University Cellular Reimbursement Guidelines & Procedures
prior to completing this application. *****

Requestor Identification Information: *(Please complete all items.)*

Name: _____ Date: _____ EKU ID# _____

Department: _____ Campus Ext: _____ Title: _____

EKU Email Address: _____ Budget Head: _____

Business Purpose: *(Check all that apply.)*

- ☐ **Required** to spend considerable time during normal working hours outside of office or work area
- ☐ **Required** to have **regular** access to telephone services
- ☐ **Required** to have **regular** access to internet services
- ☐ **Required** to **regularly** be accessible outside of normal working hours

Department to be Charged:

Organization Code: _____ Organization Description: _____

Amount of Reimbursement Requested (not to exceed monthly cellular service cost):

☐ \$10/month

☐ \$35/month

Certification and Approval:

Those signing the form below acknowledge reading and understanding the *Eastern Kentucky University Cellular Reimbursement Guidelines & Procedures*. The requested reimbursement does not exceed the requestor's monthly cellular service cost.

a. Requestor:

Signature: _____ Date: _____

b. Supervisor/budget manager confirmation of business purpose and budget adequacy:

Printed name: _____ Title: _____

Signature: _____ Date: _____

c. President's Council member:

Printed name: _____ Title: _____

Signature: _____ Date: _____

Human Resources Use Only:

Entered by: _____

Date entered: _____

Reviewed by: _____

Date reviewed: _____