

# CLAREMONT McKENNA COLLEGE

## Cell Phone/Internet Service Allowance Authorization

Employee Name\* \_\_\_\_\_

Department\* \_\_\_\_\_

Program	Gift	Grant	Project	Cost Center*	Fund*	Function

### Monthly Allowance

Monthly Cell Phone Allowance   
*(Not to exceed \$30/month)*

Monthly Data Allowance   
*(Not to exceed \$40/month)*

Monthly High-Speed Internet Allowance   
*(Not to exceed \$30/month)*

**Total Monthly Allowance** \_\_\_\_\_   
Month Beginning

### One-Time Allowance

Cell Phone Equipment Allowance   
*(Not to exceed \$150, at intervals of no less than 2 years)*

Retroactive Monthly Allowance:  
*(Not to exceed 12 months, not prior to July of current fiscal year)*

x  =   
# months Amount

**Total One-Time Allowance**

Recipient\*

\_\_\_\_\_  
Printed Name Signature Date

Supervisor Authorization\*

\_\_\_\_\_  
Printed Name Signature Date

Treasurer's Office Approval\*

\_\_\_\_\_  
Printed Name Signature Date