

CLAREMONT McKENNA COLLEGE

Cell Phone/Internet Service Allowance Authorization

Department: _____

Employee Name: _____

Cell Phone Allowance: Yes _____ No _____

Monthly Cell Phone Allowance: \$ _____
(Not to exceed \$30 per month)

PDA/SmartPhone Internet/Data Connection: Yes _____ No _____

PDA/SmartPhone/Internet Data Allowance: \$ _____
(Not to exceed \$40 per month)

PDA/SmartPhone Equipment Allowance: Yes _____ No _____
(Allowed at intervals of no less than 2 years)

Cell Phone Equipment Allowance: \$ _____
(Not to exceed \$150)

Effective Date: _____

Departmental Authorization: _____

Signature

Date

Printed Name/Title

Vice President Authorization: _____

Signature

Date

Treasurer's Office Approval: _____

Signature

Date

G/L Account to be Charged: _____