

MOBILE COMMUNICATIONS DEVICE FORM

DETAILS

Employee Name :	Banner ID :
Title :	Date Submitted :
Position :	Proposed Effective Date :

MCD ALLOWANCE REQUEST

Level :

Device Type :

Carrier :

Phone Number :

*Please Attach a copy of statement summary for certification.

EQUIPMENT CHARGES

Equipment Description :

Equipment Charges :

OR

Phone Number :

Notes :

BUDGET

Requested Payment Account Number (use funds from the following source) :

Fund Code :	Amount :
- 13XXX	

APPROVALS

Originator :	Dean / Department Head :
Vice Chancellor :	Chancellor (if required) :
Purchasing Office :	

EMPLOYEE CERTIFICATION AND SIGNATURE :

I understand that ECSU's MCD allowances will be paid through payroll as non-taxable cell phone reimbursements. I understand that according to the IRS, documentation of business use is required and I must provide a copy of my most recent cell phone bill when applying for this allowance. I will provide this documentation by May 31st annually to continue in the MCD Allowance Program for the upcoming fiscal year. I agree to have my mobile device with me, charged and operational at all times, with the cell phone number listed on the ECSU directory. I recognize that my MCD allowance and records of associated business use will be subject to the Public Records Act.

I further certify that I have read, understood and will comply with ECSU's Mobile Communication Device Policy.

MCD ALLOWANCE CANCELLATION APPROVAL

Fund Code :	Amount :
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NOTE: MCD Allowance Cancellation request should be sent to Controller and Department Heads. Departments will be responsible for notifying Controller of any service disconnections. Otherwise, charges will continue to post to your communications budget.