



Cell Phone Allowance Request Form:

Employee Name: _____

Department/School: _____

10 digit Cellular Number: _____

Allowance start Date: _____ Allowance end Date: _____

Account to be charged: _____

Monthly Allowance requested: _____\$/mo. (Max. \$50/mo.)

**** (Cannot exceed employee's actual monthly bill)**

Business Justification:

Employee certification and acknowledgement:

I certify that the above allowance will be used toward expenses I incur for cell phone usage as described above and I will provide a copy of my invoice to the Division. If circumstances change so that my business usage is less than the allowance received, I will notify my supervisor accordingly.

I acknowledge that I must delete any work related information that may be on the device prior to disposal or upon ceasing to work for St. Thomas Aquinas Roman Catholic Schools.

Employee signature: _____ Date _____

Supervisor signature: _____ Date _____

**** A copy of the invoice must be provided to the Division on a monthly basis for the verification of the amount requested.**

The Supervisor is responsible for an annual review of the business need for a cell phone allowance to determine if the allowance should be changed or discontinued.

❖ *Once complete please scan and email to the Director of Finance and Business for review and to complete the process for all cell phone requests.*