

*This form must be completed when an individual is requesting a reimbursement for the use of a personal wireless communication device for business purposes. The completed form must be attached to the requisition along with the monthly service plan billing statement. The business use activity must be identified on the statement. Route completed forms to your analyst.*

Select One:	SJSURF Employee	SJSU Faculty/Staff	SJSU Student	Other (specify):
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**I. Requester Information**

Today's Date: \_\_\_\_\_

Requester Name: _____	Account#: _____
Position/Title: _____	Business Phone#: _____
Email: _____	Cell Phone #: _____
Home Address: _____	

**II. Justification Statement**

Describe the required business purpose for this personal cell phone expense reimbursement request:

**III. Percentage of Business Use Calculation - Enter data below and the form will automatically calculate**

Service Plan Monthly Statement Period	From: _____	To: _____
<u>Voice and Text</u>		<u>Data</u>
Voice and Text Monthly Rate: _____		Data Plan Monthly Rate: _____
Total # of Business Calls or Minutes Used: _____		Number of Days used for Business: _____
Total # of Business Text Messages: _____		Number of Days in billing cycle: _____
Total # of Personal Calls or Minutes Used: _____		Percentage of Business Use: _____
Total # of Personal Text Messages: _____		<b>Data Reimbursement Requested:</b> _____
Taxes, fees, or add'l charges: _____		
Percentage of Business Use: _____		
<b>Voice/Text Reimbursement Requested:</b> _____		<b>Total Reimbursement Requested</b> _____

**IV. Requester Acknowledgement and Signature**

By signing below, I agree to abide by the *Research Foundation Wireless Communication Device Policy*. I affirm that the information on this form represents the business cost I incurred. I have not received a wireless device allowance or expense reimbursement from the university or any other sources for my personal wireless communication device for the time frame and business use indicated on this form. No other source of reimbursement for the identified Research Foundation business use activity will be claimed.

Requester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**V. Authorization Signatures**

Account Signer:	Printed Name: _____	Date: _____
	Signature: _____	
*Supervisor:	Printed Name: _____	Date: _____
	Signature: _____	

*\*Required if requester has a supervisor and the account signer is not the supervisor or the requester is the account signer.*

**For SJSU Research Foundation Internal Use Only**

Statement Attached	Business Use Identified	Calculations Verified	Required Approvals Obtained
A/P Tech: _____			
Date: _____			