

## **Seattle University Cell Phone Request Form**

Todays Date: \_\_\_\_\_\_

Please return to frisbied@seattleu.edu - Deb Frisbie in the Controllers office.

1218 East Cherry Street Call 206.398.4423 with any questions.

Are you requesting (check one):		
University issued cell phone	Upgrade	
Reimbursement for personal ph		onth) **
Cell Phone #		,
** Department will determine/appr		sage of personal phone
Please attach two months of current cell phone bills with this request		
Employee / Department In	nformation:	
Name (printed):	Signature	<u> </u>
Devices. Employee agrees that misuse of t	he phone or using it in ways incons bile device or reimbursement. The	rersity's Policy Statement for Portable Telecommunications sistent with this policy or with local, state or federal laws will employee acknowledges that the phone is issued for non-rements for a mobile device.
Seattle U ID:	Title:	
Campus Phone:		
Campus Email:		
Department Name:		
Activity String:	!	5306090
(fund) (location) (fur		(object)
(rand) (rosation) (ran		(00)000)
<b>Business Purpose for Cell F</b>	Phone:	
Please describe your SU related business needs for a cell phone:		
Donartmont Annroyal Sign	eaturos:	
Department Approval Sign		
\$ Amount approved by	department (based on % of SU	related business conducted on personal phone)
Cupanicar Namo	Cignoturo	Data
Supervisor Name:	Signature:	Date:
Area VP's Name:	Signature:	Date: