



Cell Phone Reimbursement Request Form

Employee Name \_\_\_\_\_ Date \_\_\_\_\_  
Position Title \_\_\_\_\_ Linfield ID # \_\_\_\_\_  
Department \_\_\_\_\_ Fiscal Year Ending: June 30, 20\_\_\_\_  
Cell Phone # \_\_\_\_\_ GL # to be charged: \_\_\_\_\_

Linfield University provides a cell phone reimbursement of \$30 a month to employees who must use their personal cell phones to conduct University business (see Cell Phone Policy Eligibility paragraph).

Any employee who receives a reimbursement is required to register their cell phone with the University's emergency notification system. If an employee uses their cell phone to access their Linfield email or calendar, Microsoft Outlook application must be downloaded and used. No other application will be supported by ITS.

This allowance expires in June of each year and must be renewed by June 30 to ensure continuous reimbursement disbursement for the next year, if eligible.

For more information on Linfield's cell phone policy, please see <https://inside.linfield.edu/accounts-payable/index.html>.

I understand and agree to the reimbursement stipulations noted above.

Signed Employee \_\_\_\_\_ Date \_\_\_\_\_  
Signed Manager \_\_\_\_\_ Date \_\_\_\_\_  
Signed Vice President \_\_\_\_\_ Date \_\_\_\_\_