

MCAD  
Cell Phone Reimbursement Form

Name:

Department:  
Department Number:

Cell Phone Number:

Please explain in detail the work-related purpose for this cell phone reimbursement:

Monthly Allowance:

Level of Usage

- Low = \$40 per month
- Medium: \$55 per month
- Medium/High: \$85 per month
- High: \$105 per month

**The allowance will be made through Payroll and will continue until the employee or department notifies Payroll to cease the allowance.**

The above-named individual requires a cell phone for the performance of his/her job duties and has documented a justified need. The employee understands that he/she is responsible for selecting and paying for the telephone and service plan. The allowance amount will not change if the monthly charge exceeds the approved amount.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Please forward this completed form to [payroll@mcad.edu](mailto:payroll@mcad.edu), cc: [human\\_resources@mcad.edu](mailto:human_resources@mcad.edu).