

Mobile Cell Phone Reimbursement Policy

Procedure Owner Title: Controller
Department: Office of Financial Affairs
Revised Date: 11.16.2016

Purpose

Certain positions within the University of Mary require a cellular phone to fulfill job responsibilities due to having to be available off-hours, frequent travel or other business purposes. An employee who has an authorized need for cellular phone services may be reimbursed for their personal cellular phone.

Procedure

At the discretion of the respective President Council member's authorization, an employee in a service, development or recruiting position in the Athletics, Mission Advancement, Public Affairs, Residence Life, or Enrollment Services departments may be eligible for reimbursement for their personal cellular phone.

- A. The Cellular Phone Reimbursement Authorization Form must be completed and returned to the Business Office.
- B. The Accounts Payable department will generate a monthly check in the amount of \$30 on the last day of each month.
- C. The monthly stipend will not be considered taxable income as long as the employee's plan is a reasonable plan for the business need.
- D. The respective President's Council member is responsible for an annual review of the list of employees receiving the cellular phone reimbursement.

Mobile Cell Phone Reimbursement Form

INSTRUCTIONS: Complete the information requested below for the employee requesting cellular phone reimbursement for a personal cellular phone being utilized for University of Mary business purposes. **Attach a copy of the employee's most recent cell phone bill as proof of the individual's cell phone account.** Reimbursements are effective the month they are received by the Business Office.

EMPLOYEE NAME: _____
DEPARTMENT: _____
START DATE: _____

EMPLOYEE ID#: _____
DEPT ACCT#: _____

By signing below, the employee recognizes that it is their responsibility to notify the Business Office if their cellular phone service is terminated. All cellular phone reimbursements will be generated the last day of each month.

EMPLOYEE SIGNATURE: _____

DATE: _____

DEPARTMENT BUDGET MANAGER SIGNATURE: _____

DATE: _____

PRESIDENT COUNCIL MEMBER SIGNATURE: _____

DATE: _____

BUSINESS OFFICE SIGNATURE: _____

DATE: _____