



ASSOCIATED STUDENTS, INC. CAL STATE SAN MARCOS

Cell Phone Business Use Agreement

EMPLOYEE INFORMATION

PRINT NAME (First Name, Middle Initial, Last Name)

EMPLOYEE ID#

CELL PHONE NUMBER:

EMAIL:

ASI ENTITY NAME:

PRINT NAME OF APPROVING OFFICIAL (fiscal authority for Dept).

PS
Chartfield

Account

Fund

Dept.

Program

Class

Project

REIMBURSEMENT PLAN TYPE

Plan A – Reimbursement – Regular

Plan B – Reimbursement – Occasional

Not Covered – Employee role does not meet requirements for cell phone usage reimbursement r

By signing below, I hereby agree that the information provided is correct and if requesting reimbursement have attached a recent monthly cell phone bill statement.

Employee Signature: Date:

REIMBURSEMENT JUSTIFICATION (check all that apply)

Travel- Employees who frequently travel or are out of the office and need to be in contact with students, faculty, and staff, managers, or other University administrators.

The job function of the employee requires employee to be accessible outside of schedules or normal working hours.

The job function of the employee job description/expectations requires cell phone access, as assigned upon hiring.

Programmatic needs identified by Executive Director

SUPERVISOR and FISCAL AUTHORITY SIGNATURE

By Signing below, I agree that all of the information above is correct and the department will be able to fiscally support the cell phone reimbursement for this employee.

Supervisor Signature: Date:

ASI Executive Director Signature: Date:

CANCELLATION OF REIMBURSEMENT

The signatures below indicate the employee listed above has separated from their current position and will therefore no longer be seeking reimbursement

Employee Signature: Date:

Supervisor Signature: Date: