Cellular Communication Justification and Approval Form Agricultural Experiment Station					
Fisc	cal Year:	Name and title of	applicant:		
Apı	plicant campus	email:	А	pplicant phone number:	
Арј	plicant campus	mail address:			
Naı	me and title of	cellular communica	tion administrate	or:	
Adı	ministrator can	npus email:		Administrator phone number:	
		-		· · · · · · · · · · · · · · · · · · ·	
		npus mail address:			
Cel	lular number fo	or which service is b	eing reimbursed:		
	dgetary Unit ar NIT:	nd Cost Center Numb Company Cost Cen		rvice: Category:	
Elis	gibility Catego	ory (check as appli	cable and expla	in below)	
•		ovided Cellular Servi	•		
		provide for the prot			
				nsible for administering critical campus infrastructure I regulations of a governing organization to which the university is a	
•		imbursement for Em	nlovee-owned D	evice:	
•				mployee to utilize their own device, or be accessible for significant	
				olish their regular work tasks	
				mployee to be away from their office for significant amounts of time	
		, field work, etc. and			
	_	ity justification/exp	anation of intend	ded use/need and benefit to university: (explain below or on	
	achment) vice Option				
<u>361</u> 1.		sity Provided Cellula	r Sarvice and Fau	uipment – cellular service and equipment is established in the name	
	of the univers	ity and managed thr incurs additional cos	ough the Telepho	one Services office, with the bill paid by the university. When ent shall be made by the employee to the university to cover the	
2.			for Employee-ov	wned Device (preferred service option) – cellular service is	
	approved amo	ount to compensate	for business use o	bursements made from a departmental cost center for a pre- of an employee's equipment and service. Reimbursement rates are	
	Standa	rd smart phone rate	• \$ - sp	Is at the discretion of the approving authorities: pecify amount to be provided per month per line of service (including	
				Date: to Ending Date: (not to exceed	
		is) Attach recent per	-	nount to be provided per month per line of service (including data	
		s) not to exceed \$100		nount to be provided per month per line of service (including data	
	Beginning Date: (not to exceed twelve months)				
				on attachment and include recent bill or similar documentation as	
_	support)		_		
3.	be made for b	ousiness use of a pers	sonal cellular devi	Use of a Personal Cellular Device – occasional reimbursements may ice on an as needed basis. Reimbursement claims are to be s and supported with appropriate billing detail from the service	

Fayetteville Policy 306.1:

Note: Rates, eligibility criteria, and service options are subject to change at the discretion of the university.				
Employee Signature:				
Required Approvals	<u>Approval Dates</u>			
Employee Supervisor:				
Department head:				
Assoc. Director F&A:				
Assoc. Vice President:				
Please return form to:				
University of Arkansas Business Affairs 321 Administration Building Campus Mail Stop: ADMN 321				

Fayetteville, Arkansas 72701