

Temple College
Annual Cell Phone/PDA Stipend Request Form

Employee ID: _____

Employee Name: _____ **Cell Phone No:** _____

Stipend Start Date: _____

Stipend End Date: _____

*Stipend Payment is for a Fiscal Year Period and must be renewed each Fiscal Year (9/1 – 8/31)

Stipend Amount: ___ \$30 (Cell) ___ \$50 (PDA) Other \$ ___

Account Number: _____

Department Name: _____

Job Title: _____

Business Justification:

Employee Certification:

I certify that the above allowance will be used toward expenses I incur for cell phone usage as described above and hereby agree to provide auditable evidence of such usage.

Employee Signature

Date

Divisional Approval

Date

Vice President Approval

Date

Received HR: _____

Processed HR: _____

Please print, complete and forward form to Human Resources, Administration Building
01/2009