

University of New Mexico Health Sciences Center
Personal Cell Phone Reimbursement Agreement – Fiscal Year 2018 (7/1/17 - 6/30/18)

Must be reviewed annually by Dean/Director (by July 1st) for continued reimbursement

Employee Name: _____ Banner ID #: _____

Department: _____ Monthly Reimbursement Amount for cell phone use:

\$30

Job Title: _____ \$50

Other Amount \$ _____ (by VP special approval)

Payment method: Chrome River Accounts Payable

This supersedes a previous FY2018 Cell phone Reimbursement Agreement

Reimbursement starting date _____

Cell Phone # (with area code): _____ Index: _____ Account: 6080

Cell Phone Carrier: _____

Business Justification, based on job duties (if additional space is required, please attach a 2nd page):

Agreement:

- Employee will purchase cellular phone service and equipment and assume responsibility for vendor terms and conditions.
- Employee agrees that they are responsible for plan choices, service levels, calling areas, service and phone features, termination clauses, and payment terms and penalties.
- Employee agrees that they are responsible for the purchase, loss, damage, insurance, and/or replacement of phone equipment.
- Employee will promptly report to their department head any updates or changes regarding cell phone numbers or plan changes that could impact access to cellular services.
- Employee agrees to carry the cell phone with them, keep it charged and in operational condition, use it appropriately, and be accessible for business use of the cellular phone device as required by their department head or supervisor.
- Employee agrees to abide by any cell phone guidelines and/or policies including protected information as established by the University. See guidelines at <http://hsc.unm.edu/financialservices/accounting/common/docs/reporting-documents/cell-phone-reimbursement-program.pdf>.
- Employees will register phone with *Lobo Alerts* for emergency notification purposes.
- Employee has turned in any and all UNM provided cellular devices, and service has been terminated.
- Department will notify the Accounts Payable department if employment status changes.

Employee Signature

Date

Dean/Director Signature

Date

Vice President for Finance Signature (for special approvals only)

Date

Financial Services Use only

Approved by: _____ Encumbrance _____

Date _____

Amount _____