University of New Mexico Health Sciences Center Personal Cell Phone Reimbursement Agreement – Fiscal Year 2025 (7/1/24 - 6/30/25)

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

Employee Name: Department:	Banner ID #: Job Title:		
Monthly reimbursement amount for cell phone use: \$40 Amounts less than \$40: Chrome River – See Memorized Expense feature in the Chrome River Help Center: Quick Start: SNAP->EXPENSE Reimbursement starting date: Cell Phone # (with area code): Cell Phone Carrier: Index: Account: 6080 Business Justification, based on job duties (if additional space is required, please attach a 2 nd page):			
		 Employee agrees that they are responsible for place clauses, and payment terms and penalties. Employee agrees that they are responsible for the Employee will promptly report to their department that could impact the access to cellular services. Employee agrees to carry the cell phone with the accessible for business use of the cellular phone of Employee agrees to abide by any cell phone guide University. See guidelines posted at https://hsc.reimbursement-agreement.pdf. Employees will register phone with "Lobo Alerts" Employee has turned in any and all UNM provided Department will notify Accounts Payable department Employee hereby acknowledges and agrees UNM 	d cellular devices, and service has been terminated.
		Employee Signature	Date

Date

Dean/Director Signature

Dean/Director Print name