

**University of New Mexico Health Sciences Center**  
**Personal Cell Phone Reimbursement Agreement – Fiscal Year 2022 (7/1/21 - 6/30/22)**

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

Employee Name:

Banner ID #:

Department:

Job Title:

**Monthly reimbursement amount for cell phone use:**

\$40

Amounts less than \$40:

**Payment method:**

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<sup>nd</sup> 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 the 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 posted at the following link: <https://hsc.unm.edu/financialservices/accounting/resources/useful-information.html>
- 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 Accounts Payable department if employment status changes.
- Employee hereby acknowledges and agrees UNM is not liable for any illegal or prohibited uses of this cell phone.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director Print name