

Cellular Communication Device Reimbursement

 Employee Name (Last, First, MI)

 Employee's Universal Identification Number (UIN)

 Department Contact

 Department Contact Work Telephone

 Department Address (Including Mail Stop)

 Department Contact E-Mail Address

The following Cellular Communication Device Allowance, as noted in [System Regulation 25.99.09](#) , provides a monetary contribution toward an employee's acquisition of a cellular communication device.

Note: Instrument allowances shall include the communication device and the following accessories: hands-free devices, cases, carrying devices, chargers (AC and DC), and data cabling.

Procedures for Reimbursement of Cellular Communication Device (to be completed by department payroll administrator)

1. The signature of the Department Head is required on this supplemental form.
2. A copy of this document should be retained in the employee's official Personnel File.
3. Submit this form to Payroll Services.

\$ _____ Maximum Amount \$100/every 2 years

Required Payroll Funding information (To be completed by departmental payroll administrator)

PIN #	Part # (02,20 etc)	Account #	Support Account No.	Accounting Analysis	Object Class	Pay Code
					1940	39

 Department Head Signature-(**required**)

 Date

Privacy Notice: State Law requires that you be informed of the following (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.

TAMU—Send to: Payroll Services, MS 1261, payrollprocessing@tamug.edu

FAX: 979-845-4134

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