



## Application for College Cellular Phone Utilization and Reimbursement

The applicant agrees to adhere to the College and LCTCS policies regarding Cellular Phone Utilization and Reimbursement and has met the qualifications per said policy to receive this allowance/usage.

Applicant's Name: \_\_\_\_\_

Applicant's Banner ID Number: \_\_\_\_\_

Applicant's Signature of Agreement to Terms: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Supervisor's Signature of Approval of Request: \_\_\_\_\_

Briefly explain how the applicant meets the requirements of the College policy:

Budget Source for Applicant's Request: Fund \_\_\_\_\_ Org \_\_\_\_\_

Amount of Monthly Allowance: \_\_\_\_\_

### **Approvals:**

Budget Head Approval of Funding: \_\_\_\_\_

Finance Approval of Funding: \_\_\_\_\_

Cabinet Member's Approval: \_\_\_\_\_

Chancellor's Approval: \_\_\_\_\_

*Send form to Human Resources for processing after funding approval.*