



Form No. FIN-015

Central Louisiana Technical Community College

Annual Mobile Communications Agreement and Request Form

Name: _____ Job Title: _____

Full Mobile Device Account Number: _____
(Attach complete copy of your current Month Mobile Device statement)

Department: _____ Mobile Phone Number for Request: _____

Reimbursement Start Date: _____ Reimbursement End Date: _____
(Last day of current Fiscal Year)

Check only one box next to the reimbursement service requested:

\$30.00 per month

\$50.00 per month

I certify that I have read and agree to the CLTCC mobile/electronic messaging device policy; that I understand the college's availability requirements; and that the above reimbursement will be used toward expenses I incur for mobile/electronic messaging device usage. The monthly reimbursement does not exceed the expenses in maintaining the appropriate service plan. If the service plan changes and the reimbursement amount exceeds the service plan, I will return the excess funds within 90 days.

Employee's Signature

Date

Employee's Supervisor

Date

Senior Leadership's Signature

Date

_____ *Approved* _____ *Denied* _____ *Not Reviewed*

CLTCC Chancellor

Date

CLTCC VC of Finance and Administration

Date