

## University-owned Wireless Devices

## Certification of Business-related Use and Monthly Invoice Payment Approval

(Wireless device assigned and returned at the end of each shift or Devices donated to the University and assigned to an employee)

| Employee Name: | Position/Title:      |  |
|----------------|----------------------|--|
| Employee ID:   | Campus Phone Number: |  |

## Terms:

The undersigned employee is being issued a University-owned wireless device to be used to conduct activities consistent and conducive to the business of the University. The employee and administrator understand and agree to the following:

- a. Wireless device is only for the use of the named employee
- b. Wireless device may not used for personal calls
- c. Employee will seek approval from employee's administrator prior to incurring overage charges
- d. Employee is prohibited from using wireless device while operating a vehicle
- e. Employee will safeguard the asset against loss or theft
- f. Employee will contact his administrator if wireless device is lost, stolen, or damaged
- g. Employee will return wireless device to administrator at the end of each shift.

Employee and administrator understand that failure to follow the process and procedures will result in the immediate revocation of the wireless device.

## Wireless device:

Invoice Number:
Invoice Date:

Provider / Vendor Name:
Wireless / cell phone number:

| Monthly Base Amount:  |          |       |     |
|---|----------|-------|-----|
| Monthly Overage Amount:   |          |       |     |
| Total Invoice Amount:   |          |       |     |
| I, the undersigned, certify that: 1) all<br>the invoice has been reviewed by the<br>Employee Signature: |          |       | 2)  |
| I, the undersigned, have reviewed the approval of payment by the Universit                              | · ·      | · ·   | old |
| Administrator Signature:  | <u> </u> | Date: | l   |

Please sign and attach this document to the original invoice and forward to Accounts Payable.