



BUSINESS SERVICES

Accounts Payable
 505 Ramapo Valley Road, Mahwah, NJ 07430-1680
 Phone: 201-684-7488
 ramapo.edu/controller

PERSONAL CELLULAR SERVICE REIMBURSEMENT REQUEST FORM

TYPE OF REIMBURSEMENT REQUEST:

New Update-Annual Update-Other Terminate

Employee _____ Cell phone # _____
 Department _____ Dept. contact _____ ext. _____
 (End user entering the requisition)

MOBILE DEVICE TYPE (CHOOSE ONE):

Cell phone Tablet (including iPad) Mobile Hotspot

APPROVED USAGE LEVEL* (CHOOSE ONE):

Tier 1 Tier 2 Tier 3

Tier 1
the lesser of \$20/month or 25% of cell phone bill attributable to the employee who uses the phone less than 450 minutes for business usage: This reimbursement is for an employee who has light usage of the cellular device for business purposes.
Tier 2
the lesser of \$45/month or 50% of cell phone bill attributable to the employee: This reimbursement is for an employee who has heavy cellular device usage (450 minutes or more) plus extra phone services such as email and calendar integration for their job.
Tier 3
100% of cell phone bill attributable to the employee: This reimbursement is only for Cabinet members or key personnel who are required to be available 100% of the time (this determination will be made based upon the employee's job description and confirmed by the appropriate Vice President). This reimbursement is specifically for cellular device usage and mobile broadband for wireless card/laptops and internet usage for their phone. Hardware and any additional costs are not the responsibility of the College.

*Include applicable percentage in Step 6 in the Calculation table on the next page:

NOTE: Percentages and dollar amounts above represent a MAXIMUM per policy. Approvers can limit reimbursements if more applicable. Enter clarification in Justification section below. For example, "max \$10/month as calls will be minimal." Enter limited amount price in Step 8 in the Calculation table on the next page.

NUMBER OF MONTHS: _____ Length of time during fiscal year employee is required to conduct business for the College. Include in Step 10 in the Calculation table on the next page.

JUSTIFICATION/BUSINESS PURPOSE:

CALCULATION:

1. Plan Cost	_____	
2. # of lines on plan	_____	
3. Allowable share of plan	_____	Step 1 divided by Step 2
4. Tier percentage (as decimal)	_____	Enter .25 for Tier 1, .5 for Tier 2, or 1 for Tier 3
5. Monthly expense	_____	Step 3 multiplied by Step 4
6. Tier maximum dollar amount	_____	If Tier 1, enter 20; Tier 2, enter 45; Tier 3 enter Box 1 amount
7. Lesser of Step 5 or 6	_____	
8. # of months for reimb.	_____	Enter the # of months
9. Annual Request	_____	Step 7 multiplied by Step 8

*NOTE: Equipment charges, including insurance and tracking services, are not included in reimbursement calculations.

CELL PHONE STATEMENT MUST BE INCLUDED WITH REQUEST FORM WHEN SUBMITTING REQUISITION.

- Submit the first 1 - 2 pages of the billing statement to verify the total plan cost, as well as, the number of users on the account (Steps 1 and 2 in the Calculations table above).
- Submit the necessary pages detailing the individual line charges for the employee (Step 4 in the Calculation table above). DO NOT send portions of the bill that contain actual phone calls - this is personal information and not needed for calculations.

APPROVALS

_____ Signature of Employee	_____ Printed Name	_____ Date
_____ Signature of Unit Head	_____ Printed Name	_____ Date
_____ Signature of Vice President/Provost	_____ Printed Name	_____ Date
_____ Signature of Vice President of Administration and Finance	_____ Printed Name	_____ Date
_____ Signature of Controller	_____ Printed Name	_____ Date

Effective Date: _____