

# CLAREMONT McKENNA COLLEGE

## Cell Phone/Internet Service Allowance Authorization

Department: \_\_\_\_\_

Employee Name: \_\_\_\_\_

**Cell Phone Allowance:** Yes \_\_\_\_\_ No \_\_\_\_\_

Monthly Cell Phone Allowance: \$ \_\_\_\_\_  
*(Not to exceed \$60 per month)*

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**Cell Phone Internet/Data Connection:** Yes \_\_\_\_\_ No \_\_\_\_\_

Monthly Cell Phone/Internet Data Allowance: \$ \_\_\_\_\_  
*(Not to exceed \$40 per month)*

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**Cell Phone Equipment Allowance:** Yes \_\_\_\_\_ No \_\_\_\_\_  
(One-time only)

Cell Phone Equipment Allowance: \$ \_\_\_\_\_  
*(Not to exceed \$400)*

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**DSL/Cable Modem-Broad Band Access Allowance:** Yes \_\_\_\_\_ No \_\_\_\_\_

Monthly DSL/Cable Modem-Broad Band Access Allowance: \$ \_\_\_\_\_  
*(Not to exceed \$60 per month)*

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**Effective Date:** \_\_\_\_\_

**Departmental Authorization:** \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name/Title

**Vice President Authorization:** \_\_\_\_\_  
Signature Date

**Treasurer's Office Approval:** \_\_\_\_\_  
Signature Date

**G/L Account to be Charged** \_\_\_\_\_