

**West Virginia School of Osteopathic Medicine
Authorization for Cellular Services and Allowance Request**

Employee Name:

Department Name:

Campus Phone Number:

Employee E-Mail Address:

Allowance

Authorized Service

___ Cellular

___ Data/Voice

___ Voice Only

___ Occasional (On Call) Voice Only

___ Laptop Data Card

___ Broadband DSC/Cable (approved on an exception basis)

Total Amount:

Today's Date: _____

Vice President/President Approval

Spending Unit/Account Assignment

(To be completed by department)

Spending unit to be charged:

Spending Unit _____

Employee Certification and Department Approval

By signing this document, I understand that in accordance with WWSB330 passed on March 6, 2019, employees receiving a cell phone stipend will have their cell phone number along with directory information listed on the WVSOM's website and the online WV State phone directory.

Employee Signature _____ Date _____

I have reviewed for reasonableness and approve payment.

Employee Cell Phone Number: _____

Approver Name: _____

Signature _____ Title _____

_____ Person approving this request must have signature authority for the listed spending unit.

Forward signed copy of request form to Payroll department.