

**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

Employee Signature _____ Date _____

I have reviewed for reasonableness and approve payment.

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.