OUACHITA BAPTIST UNIVERSITY
Cell Phone Allowance Authorization Form

Employee Name: _____

Request for Cell Phone Allowance: **Yes** ❑ **No** ❑

Cell Phone Allowance Amount: $ _____

(not to exceed $40 per month)

Justification for allowance: _____

Request for Cell Phone Internet/Data Connection: **Yes** ❑ **No** ❑

Cell Phone Internet/Data Connection Allowance: $ _____

(not to exceed $25 per month)

Justification for allowance: _____

Request for Cell Phone Text Messaging: **Yes** ❑ **No** ❑

Cell Phone Text Messaging Allowance Amount: $ _____

(not to exceed $10 per month)

Justification for allowance: _____

Effective Date: _____

Authorized by: _____ **Date:** _____

(Signature of CFO or President)

_____
G/L Account to be charge