



# Mobile Device Allowance Request Form

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

Reed ID: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

Cell Phone:

Tablet:

ORGN to charge:

Monthly Allowance:           \$ \_\_\_\_\_           \$ \_\_\_\_\_           \_\_\_\_\_

Equipment Allowance:       \$ \_\_\_\_\_       \$ \_\_\_\_\_       \_\_\_\_\_

A copy of the monthly itemized bill and/or equipment purchase receipt must be attached to this form. The allowance will start on the next scheduled monthly pay date.

Appropriate payroll taxes on the allowance amount will be withheld from the paycheck, and the amount of the allowance will be included on the year-end W-2.

**Employee Certification:**

I certify that I have read, understood, and intend to comply with Reed's mobile device allowance policy.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor Certification:**

I certify that I have read, understood, and intend to comply with Reed's mobile device allowance policy.

Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Vice President Approval:**

VP Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For Business Office Use:**

Controller Signature: \_\_\_\_\_ Date \_\_\_\_\_

COM Amount: \_\_\_\_\_ P/R Date \_\_\_\_\_

CEQ Amount: \_\_\_\_\_ P/R Date \_\_\_\_\_