

Employee Information

Last Name First Middle Banner ID

One-Time Equipment Allowance

\$ _____
Amount Index Number

Monthly Communication Allowance

New Begin Date (mm/dd/yy): _____
 Revision Index Number _____
 Terminate End Date (mm/dd/yy): _____
\$ _____
Amount (\$150 maximum)

**Communication allowances are paid through the payroll process
and are considered taxable income.**

Business Purpose for Communication Allowance

Approvals

All the undersigned have read and agree to follow the provisions of USU Cell Phone Policy 518

Employee Signature Department Name Date

Approval Signature Approval Name (Please Print) Date
(Department Head/Director)

Completed forms should be submitted to the Payroll Office by the 10th day of the month in which the allowance begins.

Payroll Office - UMC 2400 or FAX 797-1077

CONTROLLERS OFFICE USE ONLY

Initials Date