Boston College  
Annual Cell Phone/PDA Allowance Request Form  

Eagle ID: ______________ (1st 8 digits only)  

Employee Name: ________________________  

Employee Pay Type: Monthly __ Weekly __  

Earnings Code: CEL  

Allowance Start Date: ______________  

Allowance End Date: ______________  
*Allowance Payment is for a Fiscal Year Period and must be renewed each Fiscal Year (6/1 – 5/31)  

Allowance Amount: ___ $50 Other $ ____  

<table>
<thead>
<tr>
<th>Department</th>
<th>Fund</th>
<th>Fund Source</th>
<th>Account</th>
<th>Sequence</th>
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</tbody>
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HR Account Code: ________________________  

Department Name: ________________________  

Job Title: ______________________________  

Business Justification:  
_________________________________________________________________________________  
_________________________________________________________________________________  
_________________________________________________________________________________  
_________________________________________________________________________________  
_________________________________________________________________________________  

Employee Certification:  
I certify that the above allowance will be used toward expenses I incur for cell phone usage as described above.  

_____________________________ Ext. ______ Date _______________________________  
Employee Signature  

_____________________________ Ext. ______ Date _______________________________  
VP/Divisional Approval  

Processed HRSC: ________________________  

Please print, complete and forward form to the HR Service Center, 129 Lake Street, Room 100  

12/16/2014