

**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 \$ ____

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HR Account Code:

Department	Fund	Fund Source	Account	Sequence
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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. _____	_____
Employee Signature		Date

_____	Ext. _____	_____
VP/Divisional Approval		Date

Processed HRSC: _____

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