

Authorization of Communication Allowance

New Allowance
 Change
 Terminate

Employee Information

Last Name _____ First _____ Middle _____ University ID _____
 Position # _____ Rank or Title _____ Department _____

The following personal communication devices and/or internet service are used by the employee for authorized OSU business purposes:

| | Device/Service Description (Include cell phone number if applicable): |
|---|---|
| 1 | |
| 2 | |
| 3 | |

Allowance Rate Tier

Three separate allowance rates are available to faculty and staff depending on their level of business use.

High Rate **\$75.00**
 Medium Rate **\$50.00**
 Low Rate **\$25.00**

Allowance Accounting Distribution

| Index** | Account Code | Activity Code | Distribution Amount |
|---------|--------------|---------------|---------------------|
| | | | % |
| | | | % |
| | | | % |
| | | Total | % |

Approvals

Authorization forms must be submitted to Central Accounts Payable by the 10th day of the month in which the allowance becomes effective.

Send completed forms directly to Accounts.Payable@oregonstate.edu

Incomplete forms will not be processed and retroactive payments will not be made, unless a corrected form is turned in by the 10th.

All the undersigned agree to adhere to provisions of Communication Allowance Policy ([03-140-501](#)).

Employee Signature _____

Date _____

*All signatures must be completed.
 *If Supervisor and Budget Authority are the same person
 the form must be signed twice.

Supervisor Signature _____

Date _____

Supervisor Printed Name _____

Budget Authority Signature _____

Date _____

Budget Authority Printed Name _____