Mobile Phone Attestation Form

**Payee Information**

EMPLID

First Name

Last Name

**Approvals**

**Employee Mobile Approval**

**"I certify that I have read, understand and intend to comply with the University of Louisville’s Cellular/Mobile Device and Service Plan Policy. I understand that I am receiving this benefit to cover business-related transactions. Should my job duties change and I no longer have a university business need to use my cellular/mobile devices and or service plan or if service to my device is terminated, I will immediately notify my supervisor."**

Employee Approve/Deny Indicator

APPROVEDENY

Employee Approver

Employee Approval Date

Employee Comments (Optional)

**Supervisor Mobile Approval**

**Please describe in detail the business reason the stipend is necessary for this employee and attach any necessary supporting documentation to this form (use attachment button above):**

Supervisor Comments (Required)

**I certify that the requested allowance is needed by the employee for business-related purposes:**

Supervisor Approve/Deny Indicator

APPROVEDENY

Supervisor Approver

Supervisor Approval Date