

**Communication Device Allowance Request
The University of Texas at Austin**

Departments must retain this document and associated approvals.

Name of Employee: _____ **UT EID:** _____

Employee's Title: _____

Communication Devices Requested (Describe the typical usage scenario.):

Cell Phone: _____

Personal Digital Assistant (Blackberry, two-way pager, etc.): _____

Device Acquisition Method (Please select one of the two methods available):

University acquired and owned (University-funded plan for business purposes only)

Funding Source:

Account Title: _____

Account Number: _____ %

Account Title: _____

Account Number: _____ %

Employee acquired and owned (taxable compensation options)

\$100 Communication Device Allowance (once every two years)

Date: _____

Amount**: \$100 (See the table below.)

Funding Source (Please also input at https://utdirect.utexas.edu/payroll/cda/cda_monthly.WBX):

Account Title: _____

Account Number: _____ %

Account Title: _____

Account Number: _____ %

Monthly Communication Service Allowance (Taxable allowance may be cancelled at any time by the department)

Beginning Date: _____

Ending Date: _____

Monthly Amount**: _____ (See the table below.)

Funding Source:

Account Title: _____

Account Number: _____ %

Account Title: _____

Account Number: _____ %

Signature of immediate Supervisor: _____ (Document may be approved via an attached email.)

Signature of Department Chair/Director: _____ (Document may be approved via an attached email.)

Date of Approval: _____

**Communication Device Rate Table	
<u>Acquisitions</u>	<u>Monthly Communication Service</u>
\$100	(Select one.)
	\$30
	\$60
	\$90