

$\begin{array}{l} \textbf{UT System - Wireless Communication Device Equipment Reimbursement Request} \\ \textbf{Revised: } 9.29.2011 \end{array}$

Date			Depa	artment				
UTEID			Employe	e Name				
Acct# to Charge			ر [ob Title				
Excerpt from the \	Wireless	S Communication I	Device Policy (effective 4.17	.2006)			
Equipment and Activ Chancellor or Vice C of the reimbursement obtained by the emp	hancello nt will be	or, a reimbursement the actual expense	will be provided not to exceed \$	for the initial a 80 for a cell pl	cquisition of one one or \$200	communication	n-based equ	uipment. The amoun
Updating Technolog Chancellor or Vice C technology on a rect for a cell phone or \$	hancello urring cy	or, a reimbursement ycle of not less than	will be provided	for the acquisi	tion of replace	ement equipm	ent for purp	
Complete the inform purchase. Once all								d without proof of
<u>Purchase Date</u>	<u>Place</u>	of Purchase	<u>Description</u>				<u>Reimbu</u>	rsement Requested
*Reimbursement is	limited to	actual expense not to	exceed \$80 for a	cell phone or \$2	00 for a PDA.	Т	OTAL	
Signature of Employee					Date			
Signature of Department Head					Date			
Signature of Exe	ecutive V	/ice Chancellor/Vice	Chancellor		Date			
		This form can be a	ccessed on-line	at http://www	utsystem.ed	u/cont/forms	.htm	
Eligibility Verifi	cation	Initals:	Date:	WDR C	omplete	Initials:	Date	:
Controller Approval:							Date:	:

Form Name: WD Equipment Reimbursement