

UNIVERSITY OF SOUTH CAROLINA
FOUNDATIONS

Cell Phone Stipend Request Form

Prepared By: _____

Phone #: _____

Department: _____

Employee Name: _____

Job Title: _____

Department Name: _____

Mobile Phone Number for Stipend Request (including area code): _____

VENDOR ID: _____

Project Number to be Charged: _____ Monthly Stipend Amount Requested: _____

Allowance Start Date: _____ Allowance End Date: _____

Justification for Cell Phone (Specify): _____ (December or Before)

☐

The job function of the employee requires him/her to be outside of the assigned office or work area more than 50% of working time, and immediate responses are required.

☐

The job function of the employee requires him/her to be accessible outside of scheduled or normal working hours.

☐

The employee is a critical University decision maker who needs to be immediately accessible.

☐

Other reason - further justification must be supplied.

Employee Statement of Responsibility and Certification:

I certify that the requested stipend will be used toward expenses I incur for cell phone usage as described above.

I certify that the cell phone is used primarily for business purposes.

I certify that business usage will be more than 50%.

I understand that all cell phones purchased with Foundation Funds become the property of the University of South Carolina.

I understand that I must comply with the University's IT policy for protecting data.

I understand that Foundations is not responsible for any breach of security on my cell phone or the management thereof.

I understand that all cell phone purchases should be in alignment with University policies and procedures.

I will follow University guidelines in regards to my cell phone if my employment with the University terminates.

This cell phone will be the property of: ☐ University ☐ Individual

My signature denotes that I have read and understand this statement of responsibility and agree to abide by its terms.

Employee: _____ Date: _____

Approved by Supervisor: _____ Date: _____

Approved by Dean, Director, or VP: _____ Date: _____

Account Code	Project ID	Amount	Breakdown	Attribute(s)
-				
-				

AP TASK CHECKLIST:			
	Gift Agreement		Data Entry
	Signatory		Exception
	Meets Policy		Second Audit

FOR FOUNDATIONS USE ONLY

University Foundations

DATE: _____ CHECK NUMBER: _____