

**Northern Michigan University  
Cell Phone/Equipment Stipend Request Form**

NMU IN: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_ Dept. Position No. \_\_\_\_\_

Cell Phone Number (with area code): \_\_\_\_\_

Stipend Start Date: \_\_\_\_\_

Stipend End Date: \_\_\_\_\_

Organization Number to be charged: \_\_\_\_\_ - \_\_\_\_\_

Cell Phone/Equipment Stipend:

- Standard stipend \$50 cell phone service \$10 equipment, total \$60 per month
- Maximum Stipend \$100 cell phone service \$10 equipment, total \$110 per month
- Other/Month \$ \_\_\_\_\_

\*Note: Exceptions exceeding the maximum require written approval from his/her Vice President or the President. Exceptions for amounts less than the standard stipend may be approved by the supervisor.

Business Justification:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Certification:

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

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President/President (required for amounts above the maximum)

\_\_\_\_\_  
Date

Please forward completed form to: Human Resources / Payroll and departmental supervisor.