University of New Mexico

Personal Cell Phone Service Reimbursement Agreement — Fiscal Year 2024-25 Must be reviewed at the start of each fiscal year by Dean/Director for continued reimbursement

Employee Name:	Banner ID #:	
Department:	Job Title:	
Reimbursement starting date: Cell Phone # (with area code):		Account: 6080
Cell Phone Carrier:		
Business justification, based on job duties (if additional space is required, please attach a 2 nd page):		
Agreement: Employee will purchase cellular phone service and equipment at Employee agrees that they are responsible for plan choices, ser and payment terms and penalties. Employee agrees that they are responsible for the purchase, lost Employee will promptly report to their department head any useful could impact the access to cellular services. Employee agrees to carry the cell phone with them, keep it chast for business use of the cellular phone device as required by the Employee agrees to abide by any cell phone guidelines and/or see guidelines posted at www.ua.unm.edu . Employee will register phone with "Lobo Alerts" for emergency Employee hereby acknowledges and agrees UNM is not liable for Employee has turned in any and all UNM provided cellular devi	rvice levels, calling areas, service areas, damage, insurance, and/or replepdates or changes regarding cell planged and in operational condition, air department head or supervisor. policies including protected inform a notification purposes.	acement of phone equipment. hone numbers or plan changes that use it appropriately, and be accessible nation as established by the University. this cell phone.
Employee Signature	Date	

Date

Dean/Director Signature