



*Payment Authorization for University - Owned Cell Phone **
TO BE USED EXCLUSIVELY FOR UNIVERSITY BUSINESS
NO PERSONAL CALLS ARE ALLOWED.

Note: This form is to be completed for the payment of the device purchase as well as all monthly bills.

Request Date	
Cell Phone Carrier	
Cell Phone Number	
Employee Name	
Position	
Department	
Red ID	
Campus Phone Number	

Oracle Account String (Must use natural account 60408)

		60408			
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Certification

The expenses incurred on the attached invoice, to be paid by Accounts Payable, were incurred 100% for business purposes of San Diego State University.

Employee Signature: **Date:**

Supervisor (Print):**

Supervisor (Sign): **Date:**

FAH Signature (Print)*:**

FAH Signature (Sign): **Date:**

*This form should also be completed for payment of data plans on approved devices.

**The supervisor must be an employee in the management personnel plan.

***The Fiscal Authorization Hierarchy (FAH) approval must be obtained based on the campus organization incurring the charge.