



SAN DIEGO STATE UNIVERSITY

*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 | | | |
|--|--|-------|--|--|--|

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.