



The University of Georgia

Reimbursement Request for Business Telecommunication Charges

Check Request # _____

For all payments: Select type of service for which you are requesting reimbursement:

- Cell Phone/PCS telephone
- PDA with Cellular connectivity
- Blackberry
- Pagers
- Internet Service

1. Reimbursement on Personal Usage Plans

In accordance with the University of Georgia Telecommunications Policy for Wireless Devices/Cellular Telephones, Long Distance Usage, and Home/Off Campus Internet Access, reimbursement to employees for business related communications made using minutes or measured service of a service plan will be reimbursed in proportion to the percentage of business use as follows:

Cellular:

- Business related communications less than 25% of the total usage plan will not be reimbursed.
- Business related communications which are 26% - 75% of the total usage plan will be reimbursed on a pro-rata basis. The percentage of business use will be applied to the monthly service charge applicable to the rate plan as printed on the vendor's bill (excluding usage charges, local air or data charges, long distance charges, roaming charges, surcharges, fees, taxes, and other miscellaneous charges).
- Business related communications which are in excess of 75% of the total usage of the service plan will not be reimbursed. If business use of a personal device routinely exceeds 75%, such use should be reviewed to determine if the employee's communication needs meet the criteria for a University issued device.

Internet:

- Reimbursement to employees for business related communications via home or off campus internet access will be for 50% of the monthly access fee (excluding taxes and other charges) or \$20 per month, whichever is less.

Percentage of business related communications: _____

Total amount requested: \$ _____

Vendor Name: _____

Attach a copy of the invoice from the service provider on which you have indicated the charges which are business related communication charges.

I certify that all the charges for which I am requesting reimbursement were made for Official University Business purpose.

Signature: _____

Printed Name: _____