



HR Services
 New Mexico State University
 MSC 3HRS, Box 30001
 Las Cruces, NM 88003-8001
 Phone: (575) 646-1741
 Fax: (575) 646-2806

NMSU Mobile Communications Device Allowance Authorization

Employee Name (Last, First)	Employee Banner ID
Position/suffix #	Job Title
Department Org Number and Name:	
Department Contact	Contact Phone

A new form is required to cancel the plan or request a change in the plan.

Allowance Start Date	Allowance End Date - <i>used for cancellation or if service duration is defined</i>
Unrestricted Operating Index number to be charged <i>*Allowance cost will be charged as a salary expense on a per pay period basis</i>	
Voice Service - Monthly Allowance Amount \$30 Plan \$50 Plan \$70 Plan *Other \$ _____ <i>*Attach justification for any amount over \$70</i>	
Data Service - Monthly Allowance Amount \$40 Plan (add-on) \$70 Plan (unlimited data) *Other \$ _____ <i>*Attach justification for any amount over \$70</i>	
Acquisition/Replacement Allowance (available once every 2 years) \$20 Mobile Data Card \$50 Limited Device (phone/charger) \$150 Basic Device \$250 Enhanced Device	

The University will pay an amount up to the amount an employee would normally incur for a plan sufficient to meet the employee's business needs. For more information, please refer to: <http://ict.nmsu.edu/ict/Guidelines/index.html>

Employee:
 I certify that I have read the NMSU Mobile Communication Device Policy and agree to the employee responsibilities. I understand the amounts received under this plan are taxable income and not part of my base salary. I understand I am responsible for all costs and contract terms associated with my service plan.

 Employee's Signature _____
Date

Supervisor:
 I certify this allowance is necessary to cover work-related expenses for mobile communication usage.
 Business justification/explanation: _____

Mobile Communication Device Number: _____

 Supervisor's Signature _____
Date

 Department Head/Director's Signature _____
Date

 Fiscal Monitor _____
Date

Department should maintain a copy on file and submit the completed original to:
 Accounting and Financial Reporting, MSC AFR, Hadley Hall, Room 18.