

Office Use Only
Last Reimbursement

Abilene Christian University
iPod Reimbursement Confirmation of Eligibility Form

Date	
Employee Name	
Banner ID	
Email Address	
Department	
Position Title	
FOAP (Office Use Only)	Fund: 100000 Org: 16100 Acct: 5025 Prog: 40
Allowance	\$199

This Equipment allowance will be reimbursed using an accompanying Request for Payment form according to Financial Operations check policies.

Employee Certification (initial each statement below, to validate your agreement):

_____ I certify that the above allowance will be used toward expenses I incurred for the purchase of an iPod touch.

_____ I certify that I will be teaching 6 or more credit hours this academic year.

_____ To the best of my ability, I will use this device to advance the ACU Connected Mobile Learning Initiative.

Employee Signature

Date

Mobile Learning Director

Date

Senior Strategic Planner

Date

Controller (Payroll Office)

Date

Please mail all three: #1-iPod Reimbursement Confirmation, #2-Request for Payment and #3-Receipt to:
Mobile Learning Reimbursement, ACU Box 29201

Revised 2/2013