

Office Use Only
Last Reimbursement

Sample

**Abilene Christian University
iPad Allowance Request Form**

Date	February 14, 2013
Employee Name	Kim Trainor
Banner ID	89000001B
Email Address	jd199b@acu.edu
Department	my department
Position Title	Assistant Professor
FOAP (Office Use Only)	Fund: 100000 Org: 16100 Acct: 5025 Prog: 40
Allowance	\$199

This Equipment allowance will be reimbursed on the next scheduled monthly payroll if the payroll office receives all necessary paperwork by the 15th of the month.

Appropriate payroll taxes on the allowance amount will be withheld from the paycheck, and the amount of the allowance will be included on the eligible employee's year end W-2. The allowance does not constitute an increase to base pay, and will not be included in the calculation of percentage increases to base pay due to annual raises and will not be used to calculate benefits based on a percentage of salary.

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

KI

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

understand and acknowledge that the university will be not responsible for the terms of any contract I may choose to enter into with a cell phone company for a data plan (if applicable), including (but not limited to) any fees associated with early termination of a contract.

KI

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

KI

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

Kim Trainor
Employee Signature

2-14-13

Date

Mobile Learning Director

Date

Senior Strategic Planner

Date

Controller

Date

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

Revised 2/2013

ABILENE CHRISTIAN UNIVERSITY
Request for Payment

Sample

PAYEE INFORMATION

Date Requested: 2-14-XX

Name: Kim Trainor

Banner ID: 890000001B

Address: 104 Stable Way

City, State, Zip: my city, TX 796XX

Does the payee have a financial or management connection to an ACU employee?

Yes

No ☒

Is the payee currently an ACU employee?

Yes ☒

No

Is the payee a currently enrolled ACU student?

Yes

No ☒

Is the payee an international individual or company?

Yes

No ☒

PAYMENT METHOD

If the payee is set up for direct deposit, **this will be the automatic payment method**. For all others, the check will be mailed to the notated address unless otherwise indicated below:

☒ Mail
☐ Mail with the attached enclosures
☐ Mail check to ACU box number
☐ Pick up check: Call at extension

PAYMENT INFORMATION

Payment Description & Purpose: iPad allowance reimbursement

Index	Fund	Organization	Account	Program	Activity	Amount
	100000	16100	5025	40		199.00

Check if W-9 is on file in the AP office (for 1099 payments only)

Total Amount 199.00

AUTHORIZED SIGNATURES

Requestor's Signature:

Kim Trainor

Department: my department

Extension: XXXX

Supervisor's Signature:

Department:

Extension:

Sample