

Office Use Only  
Last Reimbursement

Sample

**Abilene Christian University**  
**iPhone Allowance Request Form**

Date	February 14, 2013			
Employee Name	Kim Trainor			
Banner ID	89000001B			
Email Address	jdl99b@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 15<sup>th</sup> 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):**

KT

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

KT

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

KT

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 (Payroll Office)

Date

Please mail two items: #1-iPhone Allowance Request and #2-Receipt to:  
**Mobile Learning Reimbursement, ACU Box 29201**

Revised 2/2013