

**Lewis & Clark**  
**Employee Stipend Authorization Form**  
 For Cellular Devices and Services

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Employee ID#: \_\_\_\_\_ Department: \_\_\_\_\_  
 Employee Campus Phone #: \_\_\_\_\_ Employee Cell Phone #: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Supervisor Campus Phone #: \_\_\_\_\_  
 Executive Officer: \_\_\_\_\_

As Department Head, I verify that the employee listed above is required, due to their job function, to acquire and/or maintain the cellular device and services listed below to conduct official Lewis & Clark business. I hereby authorize the employee listed above to receive a stipend for the approved cellular devices and services in accordance with the "Use of personal cellular devices for institutional business" Policy.

**The Payroll office must be notified immediately if the stipend is to be changed.**

Authorized Cellular Device is a Smart/Web-enabled Phone:      Yes                  No

Monthly Plan Allowance:

	Amount
Voice Plan Stipend (\$20.00)	
Data/Internet Plan Stipend (\$20.00)	
Text Messaging Stipend (\$7.00)	"
<b>*****Monthly Stipend</b>	

Stipend start date (May not be backdated):

Stipend end date:

G/L Account to be charged (xxx xxxx 6301):                                  -6301

Number of Payments (Months between start/end dates):

Total Stipend:

**Approvals:**

Requested by Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
 Requested by Department Head: \_\_\_\_\_ Date: \_\_\_\_\_  
 Approved by Executive Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit the signed approval form to Payroll to establish the monthly stipend.**