Lewis & Clark **Employee Stipend Authorization Form**

For Cellular Devices and Services

Date:
Department:
Employee Cell Phone #:
Supervisor Campus Phone #:
sted above is required, due to their job function, to acquire ted below to conduct official Lewis & Clark business. I give a stipend for the approved cellular devices and service evices for institutional business" Policy. he stipend is to be changed.
ed Phone: Yes O No O
Amount
\$
nd dates):
\$
Date:
Date:
Date:

To establish the monthly stipend, submit the signed approval form to the HR office via interoffice mail - MSC 72 or email to HR@lclark.edu.