

COLLEGE OF THE HOLY CROSS  
CELLULAR TELEPHONE STIPEND AUTHORIZATION FORM

TO BE COMPLETED BY DEPARTMENT:

1. Name of Authorized User: \_\_\_\_\_
2. Department: \_\_\_\_\_
3. Business Purpose: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

4. Allocation Chartfield:

ACCOUNT	FUND	ORG	PROGRAM	SUBCLASS	PROJECT/GRANT
5044					

5. Employee: \_\_\_\_\_  
[Signature] [Date]

Department Head: \_\_\_\_\_  
[Signature] [Date]

Division VP: \_\_\_\_\_  
[Signature] [Date]

MONTHLY STIPEND AMOUNT REQUESTED:

CALLING PLAN \* \_\_\_\_\_ \$50.00

DATA PLAN \* \_\_\_\_\_ \$30.00

*\* If applicable, describe business purpose/usage in line 3.*

**Return completed form to Human Resources**

Received by Human Resources:

\_\_\_\_\_  
[Initials & Date]