

# Louisiana Delta Community College

## Application for College Cellular Phone Utilization and Reimbursement

The applicant agrees to adhere to the College and LCTCS policies regarding Cellular Phone Utilization and Reimbursement and has met the qualifications per said policy to receive this allowance/usage.

Applicant's Name: \_\_\_\_\_  
Applicant's Banner ID Number: \_\_\_\_\_  
Applicant's Signature of Agreement to Terms: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_  
Supervisor's Signature of Approval of Request: \_\_\_\_\_

Briefly explain how the applicant meets the requirements of the College policy:

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Budget Source for Applicant's Request:	<table><tr><td>FUND</td><td>ORG</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	FUND	ORG	<input type="text"/>	<input type="text"/>
FUND	ORG				
<input type="text"/>	<input type="text"/>				
Amount of Annual Allowance Requested:	<table><tr><td>Monthly</td><td>Annual</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td></tr></table>	Monthly	Annual	<input type="text"/>	<input type="text"/>
Monthly	Annual				
<input type="text"/>	<input type="text"/>				
Finance Approval of Funding:	_____				

Cabinet Member's Approval: \_\_\_\_\_

Chancellor's Approval: \_\_\_\_\_

After funding approval, this form needs to be sent to Human Resources for processing.

