

## TECHNOLOGY REIMBURSEMENT AGREEMENT

Select the option that applies:    New       Update       Termination

Date: \_\_\_\_\_

UAccess Financials DV# \_\_\_\_\_

Employee Name:		EmplID:	
Job Title:		Dept Number:	
Device Type:		Dept Contact:	
Phone Number:		Monthly Amt:	
Account Number:		Object Code:	<b>3950</b>
Time Period Covered (form only valid for one fiscal year):			
Eligibility and Amount Justification:			

### Certifications and Signatures

**Recipient of Reimbursement:** Please sign below to confirm the following:

- The reimbursement is provided to cover the business-related cost of my personal data plan or other technology equipment, and the reimbursement requested is an appropriate allocation of my expected business use.
- If the business use is no longer needed, or if there is a change or interruption in service of the device, it is my responsibility to notify my department contact.
- I am not receiving an allowance or reimbursement, other than the one stated above, for the wireless communication device, from another department or activity affiliated with or outside of the University of Arizona.

<b>Employee Signature:</b>	<b>Date:</b>
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**Dean, Director or Department Head:** Please sign below to confirm that the use of the technology plan or equipment is required to fulfill this employee's job duties, and that the reimbursement requested is appropriate.

<b>Department Head/Director Signature:</b>	<b>Date:</b>
Name and Title of Dept Head/Director:	
Name and Title of Financial Officer:	

To initiate first monthly payment, the business office will create a Disbursement Voucher in UAccess Financials and **forward this original form with the DV Cover sheet** as this prevents the employee from having to sign the DV Cover sheet. Accounts Payable will initiate on-going monthly reimbursements until the department cancels agreement.

Please forward completed form to: FSO-Operations, PO Box 210158, USB 402