

**MONTANA STATE UNIVERSITY-BILLINGS  
ELECTRONIC COMMUNICATION DEVICE  
DEPARTMENTAL PURCHASE AUTHORIZATION FORM**

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

**I have read the Policy for Electronic Communication Devices and agree with its terms and conditions. In addition, I agree to follow all employee responsibilities as described in the policy and procedures found at <http://www.msubillings.edu/staff/cellphone>.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**To be completed by Supervisor or Fund Controller:**

**Justification for departmental purchase instead of allowance method:** \_\_\_\_\_

**Certification of the business purposes for this allowance (mark all that apply):**

- This employee is a key staff member needed in the event of an emergency (cabinet, etc.)
- This employee is frequently away from access to traditional land-based phone services.
- This employee is involved in frequent off hours/on-call activity.
- This nature of this employee's work is critical and immediate response is required.
- The related cost is justified when compared with alternative communication choices.
- Other- If not listed above, please state why device is necessary, why it is essential in carrying out job responsibilities and why job responsibilities could not be carried out without it. \_\_\_\_\_

Supervisor/Fund Controller Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Approvals:**

I authorize that the above named department or individual has a business need for an electronic communication device to perform their job duties. The electronic communication device will only be utilized for legitimate business purposes and any personal use will be properly reimbursed in accordance with University procedures.

Dean/ Director \_\_\_\_\_ Date: \_\_\_\_\_

Chancellor/Vice Chancellor \_\_\_\_\_ Date: \_\_\_\_\_

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

Cell phone questions, contact Cellular Manager at 247-5700

For Blackberry Service/PDA, contact Cellular Manager at 247-5700 who can answer questions about services and fees.