

**Checklist for Departmental Purchase Method:**

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

**Justification for departmental purchase instead of employee 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.