

Eastern Illinois University Wireless/Connectivity Allowance Form

Employee Name _____

Employee E# _____

Employee Email _____

Contact Phone # _____

Department Name _____

Month/Year Effective Date _____

Monthly Wireless/Connectivity Allowance Amount (default is \$25) _____

Account Number to be Charged _____

Month/Year to Disconnect (if applicable) Date _____

Justification for Allowance

I certify that the requested allowance is needed for this employee to cover expenditures due to business related wireless/connectivity device use. I further certify that I have read, understood and will comply with Eastern Illinois University's Wireless/Connectivity Allowance Policy.

Supervisor

Date

Budget Unit Director or Dean

Date

Vice President/President

Date