



CALIFORNIA
STATE UNIVERSITY
NORTHRIDGE

Accounts Payable

**WIRELESS DEVICE/SERVICE
REIMBURSEMENT FORM**

University Hall 360
Phone: (818) 677-3472
Fax: (818) 677-4851
Mail Code: 8202

EFFECTIVE DATE: _____

REQ #: _____ Fiscal Year: _____ - _____

- PERSONAL CELL PHONE OR SMARTPHONE: 604892 \$ _____ (MONTHLY FEE)*
- SMARTPHONE DATA CHARGES: 604892 \$ _____ (MONTHLY FEE)*
- EQUIPMENT REIMBURSEMENT: 604892 \$ _____ (ONE TIME ONLY)
- MANUFACTURER: _____ MODEL # _____
- SERVICE PROVIDER: _____ COMPLETE PHONE# _____

****Provide a copy of the cellular phone summary page reflecting the monthly service charge.
The Department will determine the monthly fee.***

EMPLOYEE NAME: _____ CSUN ID#: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

This agreement is effective until the end of the fiscal year (June 30th) or until the employee separates or transfers to another department; whichever occurs first. Please notify ACCOUNTS PAYABLE promptly, should the employee separate or transfer.

REQUIRED CHARTFIELDS:

ACCOUNT: _____ FUND: _____ DEPTID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

ACCOUNT: _____ FUND: _____ DEPTID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

FOR FINANCIAL APPROVER'S USE ONLY:

Financial Approver: _____ Print Name: _____ Date: _____

President/VP Approval: _____ Print Name: _____ Date: _____

RETURN THIS FORM TO ACCTPAY@CSUN.EDU