

Cell Phone Reimbursement Request

Cambridge does not require employees to use their personal cellular phones for business-related purposes. Instead, Cambridge believes in most cases, employees can complete their assigned duties without the use of personal cellular phones. However, if you believe that your job responsibilities are such that you intend to use your personal cellular phone at your own choice, Cambridge is committed to providing you with a reasonable reimbursement for the business-related use of your personal cellular phone.

To communicate to Cambridge your personal choice to use your cellular phone, and for costs associated with its use to be considered as potentially eligible for reimbursement, please complete the information below and submit to your Portfolio Supervisor for approval. Requested reimbursements must be based on your basic monthly charge. Exclude charges for equipment, extra data, secondary cell phones, etc.

Employee Name	Propert						Date
Reason for Recurring Need to Use Personal Cellular Phone for Business Purposes							
In Your Opinion Provide the Reason the Use of a Company Provided Landline or 2-Way Radio is Not Sufficient							
and the second s							
Monthly Cellular Phone Bill Amount Without Business-Related Use Est. Monthly Cost Increase of Cellular Pho							one with Business Use
\$							
Est. % of Personal Cellular Phone Use for Business Purposes Requested Reimbursement Amount per N							Month
% \$							
Approved requests will extend for a period of up to 6 months (January - June or July - December). It is							
your responsibility to make subsequent requests for reimbursements. Reimbursements cannot be							
made retroactively. So you have a good understanding of your needs, do not complete and submit							
this request prior to 30 days of employment.							
I understand that checking this box and typing my name below is the legally binding equivalent to my handwritten signature.							
Employee Signature							Date
Culpmit to Portfolio Manager							
Submit to Portfolio Manager							
Approved Not Approved (Enter reason below)							
I understand that checking this box and typing my name below is the legally binding equivalent to my hand							
Portfolio Manager Name Signature			9			Monthly Amt Approved	Date
					\$		
Submit to HR							
HR Approval Total Payment Payable Period Of Pay Pe			Pay Per Mo	Ionth Director of HR D			Date Approved
	19 1						
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