## **Carnegie Mellon University** Finance Division

## Communication Allowance Request Form

Purpose of this Form: To request a communication allowance for a domestic employee who has a business need for this allowance. View the Carnegie Mellon University Communication Allowance Guidelines [.pdf] for additional information.							
Note: This form needs to be submitted to the HR generalist or department initiator for your college/division by the deadline published on the Payroll Calendar.							
		Τα	o Be Completed by Em	ployee			
Type of Request:							
Payee Name:			A	ndrew ID:			
Payee Job Title:							
Business Justification (Please describe the business need for the above requested allowance.)							
Employee Certification and Signature							
I certify that I will use the funds requested toward the business use designated above and promptly report any changes in the level of those business expenses. I further certify that I have read, understood and agree to comply with Carnegie Mellon's Communication Allowance Guidelines. I understand that this allowance is taxable. <u>I have provided a copy of the current bill or documentation from the service provider to my manager. This includes:</u> name, plan, cost of plan and estimated taxes and Assumption of Liability Agreement, if applicable, to substantiate this allowance on an annual basis. I certify that all prior communications expenses that were charged directly to the university have been transferred to a personal liability account and that no duplication exists.							
Employee	Signature Date						ate
To Be Completed by Supervisor							
Allowance Amount: Allowance Begin Date*:							
*Note: If left blank, the start date will be assumed to be the first day of the month this form is received by HR Services. Allowance will take effect the next payroll for that employee.							
Accounting Information							
GL Percentage	Object Code	Funding	Function	Activity	Organiz	zation	Entity
%	82883						
%	82883						
GM Percentage	Project	Task	Award	Expenditure Type	(Number)	Organization (Number)	
%				Communications Device Allowance			
%				Communications Device Allowance			

Submit completed form to your <u>HR generalist or</u> <u>department initiator</u> for processing.