

**CELLULAR PHONE USAGE FORM**

***Complete this portion if all use of the phone is for university business purposes only.***

As the sole user of the cellular telephone for which I am requesting reimbursement of business use expenses from the University System of Maryland Foundation, Inc., I certify that my use of the telephone equipment for the period from \_\_\_\_\_ to \_\_\_\_\_ was for university business use only. I further understand that this telephone may not be used for personal use, as then I must account for that use and be responsible for the payment of any costs associated with that usage.

***Complete this portion if use of the phone is for university business and other purposes.***

As the sole user of the cellular telephone for which I am requesting reimbursement of business use expenses from the University System of Maryland Foundation, Inc., I certify that \_\_\_\_\_% of my use of the telephone for the period from \_\_\_\_\_ to \_\_\_\_\_ was for university business. I understand that I will be reimbursed only for the pro-rata amount relating to that business use.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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