



LEWIS-CLARK STATE COLLEGE

Mobile Communication Device (MCD) Agreement

Employee Name: _____ Warrior ID# _____
 Department: _____ Work # _____
 Status: Check One: _____ Check One: _____
 Duration: Begin Date: _____ End Date: _____

Business necessity/Department requirement for use:

MCD plan requesting: Check One: _____ Cell phone # (if known): _____

College Owned Device:

Describe features desired: Check One: _____ x = \$ _____
 Monthly cost estimation

MCD Allowance-Description of Plan :

_____ x = \$ _____
 Monthly Allowance Requested

One-time Equipment Compensation (copy of sales receipt required upon reimbursement)

Description of MCD (include make/model): _____
 Purchase price requesting (less any rebates) \$ _____

Employee Agreement:

I have read, understand and agree to abide by the employee responsibilities of the Lewis-Clark State College policy for Mobile Communication Devices. I understand that any allowance I receive is not taxable income and is not part of my base salary. I understand that any device purchased is my responsibility. I certify that the MCD will be used for the performance of my LCSC job responsibilities as defined by my supervisor. I am responsible for the payment of any costs that exceed the College allowance approved on this form. I understand that this agreement is effective for one fiscal year and is subject to revision or cancellation at any time.

 Employee Signature Date \$ _____
 Requested

 Supervisor/Director/Chair Signature Date \$ _____
 Approved

 Dean Signature (if applicable) Date \$ _____
 Approved

 Pres/Provost/VP Signature Date \$ _____
 Approved

GL Account #: _____

Received Purchasing: _____ Date: _____ Renewal: _____