TECHNOLOGY REIMBURSEMENT AGREEMENT

Select the option that applies:  
- ☐ New  
- ☐ Update  
- ☐ Termination

Date:  06/15/2012           UAccess Financials DV#  123456

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employee receiving reimbursement</th>
<th>EmplID:</th>
<th>UA EMPLID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title:</td>
<td>UA Payroll Job title</td>
<td>Dept Number:</td>
<td>Funding Source Dept. Number</td>
</tr>
<tr>
<td>Device Type:</td>
<td>Example: Mobile Smart Phone</td>
<td>Dept Contact:</td>
<td>Business Office Contact</td>
</tr>
<tr>
<td>Phone Number:</td>
<td>Mobile device number if applicable</td>
<td>Monthly Amt:</td>
<td>Amount of monthly reimbursement</td>
</tr>
<tr>
<td>Account Number:</td>
<td>UAccess Financials Account Number</td>
<td>Object Code:</td>
<td>3950</td>
</tr>
</tbody>
</table>

Time Period Covered (form only valid for one fiscal year):
July 1, 20XX through June 30, 20XX – NOTE: Agreement must be renewed on an annual basis

Eligibility and Amount Justification:
Example: Employee performs University business outside of the typical office environment, which requires his/her expertise on various research and academic projects in order to meet the demands of the business unit.

Certifications and Signatures

Recipient of Reimbursement: Please sign below to confirm the following:
- The reimbursement is provided to cover the business-related cost of my personal data plan or other technology equipment, and the reimbursement requested is an appropriate allocation of my expected business use.
- If the business use is no longer needed, or if there is a change or interruption in service of the device, it is my responsibility to notify my department contact.
- I am not receiving an allowance or reimbursement, other than the one stated above, for the wireless communication device, from another department or activity affiliated with or outside of the University of Arizona.

Employee Signature:  
Date: 

Dean, Director or Department Head: Please sign below to confirm that the use of the technology plan or equipment is required to fulfill this employee’s job duties, and that the reimbursement requested is appropriate.

Department Head/Director Signature:  
Date: 

Name and Title of Dept Head/Director: Wilma Wildcat, Vice President of Operations
Name and Title of Financial Officer: Wilbur Wildcat, Business Manager, Sr.

To initiate first monthly payment, the business office will create a Disbursement Voucher in UAccess Financials and forward this original form with the DV Cover sheet as this prevents the employee from having to sign the DV Cover sheet. Accounts Payable will initiate on-going monthly reimbursements until the department cancels agreement.

Recommendations:
- UAccess Financials Payment Reason = Expense Reimbursement
- Employee is not required to sign DV Cover sheet