CLAYTON STATE UNIVERSITY ANNUAL CELLULAR PHONE CONTINUED USE AUTHORIZATION

Department Name	Department Number	
End User Name	End User Employee ID	
Service Provider	Phone Extension	
Phone Device/Make & Model	Monthly Expense	
Time Period DATE FROM	\$	
DATE TO_		
I authorize continued use of a university provided Cellular Telephone:		
Department Manager Approval		
	signature	date
Vice President Approval		
	signature	date
I certify that the cell phone assigned to me will be used primarily for business calls. All personal calls will be kept to a minimum. I have reviewed the policies and procedures related to cell phone use and expense.		
Cell phone User Signature		

Date