



### Request for Wireless Reimbursement

Today's Date: \_\_\_\_\_

⌚  
Purchasing Office Time Stamp

Name (Please Print Clearly): \_\_\_\_\_

SF Campus Phone Number: \_\_\_\_\_

Billing Period: \_\_\_\_\_

Regular Plan Cost (including all taxes and fees): \$ \_\_\_\_\_

Total Amount of Bill for which Reimbursement is Requested (including taxes and fees): \$ \_\_\_\_\_

**Requested Reimbursement Amount:** \$ \_\_\_\_\_

Department Number (for Reimbursement): \_\_\_\_\_

**You must:**

- Attach a copy of your statement with the business calls highlighted and state the business purpose for each of those calls. You do not need to state the purpose for calls to SF phone numbers.
- Highlight all overage charges that match the requested reimbursement amount above.

*I hereby certify or affirm that this claim is true in every material matter that the expenses were actually incurred by the undersigned as necessary expenses in the performance of Official duties; and the same conforms in every aspect with the requirements of Santa Fe College policies.*

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Budget Authority Signature

Note: Send this completed form with all required documentation to the Purchasing Department, Robertson Administration Building, Room F-42. Allow 7-10 days for processing. Approved requests up to \$100 will be processed through petty cash by the Cashier's Office. Requests over \$100 will be sent to Accounts Payable for the issuance of a reimbursement check. Rejected requests will be returned to the submitter.

#### Purchasing Department Use Only

Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_

Reason for rejection (if applicable):  
\_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_