

## Division of Financial and Business Services Payment Services

## Mobile Communication Resource Authorization Form

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The university's Mobile Resource Policies and Procedures (<a href="www.usc.edu/policies">www.usc.edu/policies</a>) require that departments complete this Form each FY year for each mobile communication resource that is supported by the university through an allowance or direct bill (Information Technology Services - ITS, Purchase Order, etc.). The Form must be maintained within the department for four (4) years.

Order, etc.). The Form must be maintained within the de	epartment for four (4) years.	
Profile Information		
Employee Name	Employee ID	
Cell Phone Number	Department Name	
Documented Business Need		
Identify the business use of the mobile resource device a	and services:	
Frequently out of the office on university busines Typically works in the field or at job sites where a phones and desk top computers) are not readily "On call" for university-related emergency/disast Other, explain:	alternative communication devices (landline available; and/or	
Authorization by Department Head (commencement of	of service or year 1)	
I approve university funds to be used toward the purchase of and acknowledge that use of the device and services benef		
Name (typed)	Signature	
Title	Date	
Authorization by Department Head (Year 2)		
I approve university funds to be used toward the identified r that use of the device and services benefits the department		
Name (typed)	Signature	
Title	Date	

<b>Authorization by Department Head (Year 3</b>	3)
I approve university funds to be used toward the that use of the device and services benefits the	e identified mobile communication resource, and acknowledge department.
Name (typed)	Signature
Title	Date
Authorization by Department Head (Year 4	4)
I approve university funds to be used toward the that use of the device and services benefits the	e identified mobile communication resource, and acknowledge department.
Name (typed)	Signature
Title	Date
Authorization by Department Head (Year 5	5)
I approve university funds to be used toward the that use of the device and services benefits the	e identified mobile communication resource, and acknowledge department.
Name (typed)	Signature
Title	Date
Authorization by Department Head (Year 6	3)
I approve university funds to be used toward the that use of the device and services benefits the	e identified mobile communication resource, and acknowledge department.
Name (typed)	Signature
Title	Date