Order of Saint Benedict
Cellular Phone Request Form

Date_____
Name: _____
Department:_____
Title: _____
Office Phone Number: _____
Account Number: _____

Please describe the need for a cellular phone. Provide details of how the phone will be used to benefit your work and department:

_____

_____

_____

Provide an estimate of monthly usage in minutes and describe the basis for your estimation:

_____minutes per month basis for estimation:_____

_____

Provide the range of use required for this cellular phone. Indicate which areas will have monthly usage:

Local_____Mpls/St. Paul_____Regional (5 state area)_____National_____

Person Requesting Cellular Phone

I certify the above to be an accurate reflection of my business needs and monthly usage. I have read the Order of Saint Benedict Cellular Phone Policy and agree to comply with the requirements.

_____ **Date_____**

Requester's Signature

Supervisor

I approve the above request for a cellular phone. The use and estimated monthly minutes accurately reflect the requestor's business needs. The account number listed has funds available and is appropriate to use for this expense. I have read the Order of Saint Benedict Cellular Phone Policy and agree to comply with the requirements.

_____ **Date_____**

Supervisor's Signature