

State University of New York College at Potsdam
Cellular Telephone Monthly Reimbursement Report

I certify as to the following:

1. Cellular telephone bill date 00/00/0000, for cellular telephone number

000-000-0000
2. I have reviewed the cellular telephone bill for the above period to determine if any reimbursement is due for personal calls.
3. I have attached a copy of my bill with **all personal calls highlighted**. Please bill me \$ _____, plus any applicable surcharges, for these personal calls. **DO NOT SEND PAYMENT WITH THIS REPORT.**
4. Any calls not reimbursed to SUNY Potsdam are just and proper calls relating to official SUNY Potsdam business.

Employee Name

Date

Employee Signature

Instructions to Employees:

You must submit a report each month to the TelCom Office. Failure to do so may result in termination of your cellular telephone service.

If no personal calls were made during this billing period, please insert zero in item #3 above, sign and return this form to the TelCom Office.