

**California State University, Chico
Financial Services
Wireless Device Verification of Business Use**

Department Name: _____

DeptID: _____

Billing Month: _____

As required by the Internal Revenue code regarding substantiation of business use of wireless devices owned by CSU, Chico, the enclosed statement of cellular activity has been reviewed with the appropriate employees and business/personal use determined as noted below. Employees will reimburse CSU, Chico a pro rata portion of the total line charge and additional applicable fees related to personal use.

Cell #	% Business Use	% Personal Use	Total Line Charge	Reimbursable Amount (Attach check payable to CSU, Chico)	Chartfield String (To rebate check)	Device User Initials

Department Head Signature

Print Name

Date

Zip/Phone

Admin. Billing Contact: _____

Zip/Phone: _____

Send to: Accounts Payable, Zip 243

Rev. 6-03-09