

Cell Phone or Wireless Device Request Form

Cell phone and wireless device costs are typically treated as F&A costs and not as direct costs on federally funded awards; however direct charging of these costs *may* be appropriate if the use of the item is *essential* and allocable to the project, the item is specifically budgeted for, and approved by the sponsor agency. (2CFR 200.453 (c) Materials and supplies costs, including costs of computing devices.) These costs are allowable on non-federal awards when permitted by sponsor policy or specifically approved by the sponsor.

| PI or Project Requestor: | | Date of Request: | | |
|------------------------------|------------------------|------------------|--|--|
| Department or Project Name: | | | | |
| Telephone: | | Email: | | |
| Type of item needed: | | | | |
| Anticipated Period of Usage: | | | | |
| Check usage area: | □ Local/Continental US | International | | |

Please provide information to document why the item is required to perform the scope of work and/or is necessary to accomplish the programmatic objectives of the project. If multiple projects will benefit, how will costs be allocated? (Type in this space or attach documents.)

<u>Note:</u> Sponsor approval may be required if these costs were not specifically budgeted for and approved by the funding agency. If the expenditure cannot be adequately justified, it may be charged to discretionary funding such as a 2-ledger, 9-ledger, or C-ledger fund if allowable.

List the Fund Number(s) that will be charged for these costs:

Fund
Org
Account
Percent

Image: Imag

I certify that the items(s) requested will be used for business purposes only and are essential and allocable to the performance of the awards/funds being charged.

| Cell Phone/wireless Device User: | Dale. |
|----------------------------------|-------|
| Authorized Project Signature: | Date: |
| | |

| Approved By: | |
|---|-------|
| SRA Grant Specialist Signature: | Date: |
| SRA Manager Signature: | Date: |
| SRA Associate Director or Director Signature: | Date: |

SR Administration Review: (check all that apply and attach supporting documentation)

 \Box Costs specifically budgeted in proposal and explained in the budget justification

□ Sponsor approval obtained

