



Montana Department of Corrections

Personal Data Device

Reimbursement Request & Authorization

***All fields must be completed by Requestor**

I, _____ have read DOC Cellular Telephone policy 1.3.51 and will comply with all terms and conditions of this policy.

Signature of Requestor: _____

Users requesting connection to the State of Montana’s Exchange system for email, calendar, and contacts via a mobile device, must also submit a signed Unmanaged Mobile Device Email User Agreement or Managed Mobile Device Email User Agreement along with this form.

Reimbursement Request & Authorization:

Per DOC Cellular Telephone policy 1.3.51: Data device reimbursements are provided to individuals who maintain an employment position of bureau chief level or higher. Positions below this qualification may be considered with a request. Determination of exceptions will be made with consideration to consistent travel and availability, immediate access needs, and independent responsibilities.

I certify that I am a bureau chief (or higher) or that I am not at this position level and am requesting an exception for reimbursement. (Monthly reimbursement amount maximum of \$40.00)

Justification:

Authorization signature: _____ **Date:** _____
 (Administrator)

Facility/Program: _____ **Org #:** _____

Submit completed form (and any related IT forms) to Cellular Telephone Manager, Contracts Management Bureau, AFSD, 5 S. Last Chance Gulch, Helena, MT 59601. A copy of this form, with all approvals, will be sent to Cellular User and Payroll Unit by Cellular Telephone Manager. It is the responsibility of the Cellular User to submit Travel Expense Voucher for reimbursement to payroll. Contact payroll for any questions on reimbursement.

-----Central office use only-----

Funding:

Approved: _____ **Disapproved:** _____
Funding Signature:

Comments:

Data Device (Managed/Unmanaged Mobile Device):

Approved: _____ **Disapproved:** _____
IT Signature:

Comments:
