



Division of Financial and Business Services  
Payment Services

Mobile Communication Resource  
Authorization Form

"

**Purpose**

---

The university's Mobile Resource Policies and Procedures ([www.usc.edu/policies](http://www.usc.edu/policies)) require that departments complete this Form each FY year for each mobile communication resource that is supported by the university through an allowance or direct bill (Information Technology Services - ITS, Purchase Order, etc.). The Form must be maintained within the department for four (4) years.

**Profile Information**

---

Employee Name

Employee ID

Cell Phone Number

Department Name

**Documented Business Need**

---

Identify the business use of the mobile resource device and services:

- Frequently out of the office on university business or travel;
- Typically works in the field or at job sites where alternative communication devices (landline phones and desk top computers) are not readily available; and/or
- "On call" for university-related emergency/disaster response.
- Other, explain:

**Authorization by Department Head** (commencement of service or year 1)

---

I approve university funds to be used toward the purchase of the identified mobile communication resource, and acknowledge that use of the device and services benefits the department.

Name (typed)

Signature

Title

Date

**Authorization by Department Head** (Year 2)

---

I approve university funds to be used toward the identified mobile communication resource, and acknowledge that use of the device and services benefits the department.

Name (typed)

Signature

Title

Date

**Authorization by Department Head (Year 3)**

---

I approve university funds to be used toward the identified mobile communication resource, and acknowledge that use of the device and services benefits the department.

Name (typed)

Signature

Title

Date

**Authorization by Department Head (Year 4)**

---

I approve university funds to be used toward the identified mobile communication resource, and acknowledge that use of the device and services benefits the department.

Name (typed)

Signature

Title

Date

**Authorization by Department Head (Year 5)**

---

I approve university funds to be used toward the identified mobile communication resource, and acknowledge that use of the device and services benefits the department.

Name (typed)

Signature

Title

Date

**Authorization by Department Head (Year 6)**

---

I approve university funds to be used toward the identified mobile communication resource, and acknowledge that use of the device and services benefits the department.

Name (typed)

Signature

Title

Date