






Phone Reimbursement Instructions

REQUEST CELL PHONE REIMBURSEMENT

To request a **new** or **renew** a previously expired cell phone reimbursement, click on the 'Request /Renew Cell Phone Reimbursement' link.

Employee Self Service

-  [Request/Renew Cell Phone Reimbursement](#)
Click here to create a cell phone reimbursement eForm. 
-  [Edit Existing Cell Phone Reimbursement](#)
Click here to edit your existing cell phone reimbursement.
-  [Update, Resubmit or Withdraw a Self Service eForm](#)
Click here to make changes to and resubmit a Self Service eForm that has already been created, or to withdraw one.
-  [View a Self Service eForm](#)
View a recently submitted Self Service eForm, including information about its handling so far. Self Service eForms


***Note:** Only if you have more than 1 active employment record the following page will appear. Please select the row, on which you want to request a cell phone reimbursement.

Reimbursement Employee Search

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Maximum number of rows to return (up to 300):

[Basic Search](#)  [Save Search Criteria](#)

Search Results

EmpID	Empl Rcd Nbr	First Name	Middle Name	Last Name	Department	Department Name	Supervisor ID	Supervisor Name
00538283	0	TAMMY	(blank)	TEST	00410	Human Resources	00340521	SUPERVISOR,TEST
00538283	1	TAMMY	(blank)	TEST	00417	UIT - ACS	00340521	SUPERVISOR,TEST

If you only have 1 active employment record then the form will open automatically and look like the following.

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Reimbursement Form

Step 1 of 2: Enter Payment Details

Enter values into the fields below.

Current Job Info

Name:	TEST,TAMMY	EmplID:	00538283
DeptID:	00410	Human Resources	Empl Rcd#: 0
Supervisor ID:	00340521	SUPERVISOR,TEST	

Form Data

Click below for additional instructions on how to enter your reimbursement request
[Instructions](#)

Effective Date	02/01/2013	eForm ID	325344
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*Cell Phone Number	<input type="text"/>	*Carrier	<input type="text"/>
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- Enter your cell phone number, area code first.
- Select your cell phone carrier from the available list.

One Time Reimbursement Information

Reimbursement Amount	<input type="text" value="0.00"/>
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If applicable, enter a *One Time* amount.

- Then indicate in the comments section if the *One Time* reimbursement is for a cell phone **equipment reimbursement** or a missed **retroactive** monthly payment.


Monthly Reimbursement Information			
Total Monthly Charges	<input type="text" value="0.00"/>		
Total Employee Charges	<input type="text" value="0.00"/>		
Average ESTIMATED % of Business Use	<input type="text" value="0.00"/>	Reimbursement Amount	<input type="text" value="0.00"/>

Enter *Monthly Reimbursement* details into the following fields:

- Total Monthly Charges is your total billed amount from your carrier.
- Total Employee Charges is the amount billed only for the cell phone number entered above.
- Average Estimated % Business Use is the percentage that you and your manager have decided upon.
- Reimbursement Amount is calculated by multiplying the Total Employee Charges by the Average Estimated %.

(Total Employee Charges x Avg Est. % = Reimbursement Amount)


Distribution Data			
*Business Unit	<input type="text"/>	*Org ID	<input type="text"/>
*Activity	<input type="text"/>	*Account	<input type="text"/>

- Enter the distribution (chargeable chartfield).
- Select activity value by clicking on the magnify glass . Or enter an 8 digit value directly into the field.

Projects must begin with '5'. For example '5XXXXXXX'
All other activities are preceded with zeros. For example '000123456'

- Select account value that begins with '633XX'
63300 – 63319: Telcom – Other Charges

*Note: *One Time and Monthly Reimbursements* can only be charged to one chartfield.

Form Messages		
	Message Text	Description
<input type="checkbox"/>	 Required Document Acknowledgement	I acknowledge that I have followed the cell phone guidelines to process this reimbursement and provided all the supporting documents to my supervisor.

Comments

Your Comment:

<< Previous
Submit
<< Search
Close

- Read and click the checkbox for the document acknowledgement message. *Please provide all of your supporting documents to your department.
- Enter any comments you want your supervisor to see.
- Click the 'Submit' button to route your form to your supervisor for approval.

ROUTING CELL PHONE REIMBURSEMENT

All reimbursements route as follows;



Routing to Other Approvers: Click on the link 'Route to Other Approvers' *after* submitting the form if the form needs to be approved by a department head approver instead of your supervisor.

Reimbursement Form

Step 2 of 2: Form Finalized
 Congratulations, you have successfully submitted this form!

Current Job Info

Name: TEST,TAMMY Empl ID: 00538283
 DeptID: 00410 Human Resources Empl Rcd#: 0
 Supervisor ID: 00340521 SUPERVISOR,TEST
 eForm ID 394303

Form Status

You have just SUBMITTED this form. This action passed the form to SUPERVISOR TEST for further processing.

[Go To Worklist](#)
[View This Form](#)
[Close This Form](#)
[Route to Other Approvers](#)

Then select one approver name from the list that appears.

Reimbursement Form Authorized by

Step 2 of 2: Form Finalized
 Congratulations, you have successfully submitted this form!

Current Job Info

Name: TEST,TAMMY Empl ID: 00538283
 DeptID: 00410 Human Resources Empl Rcd#: 0
 Supervisor ID: 00340521 SUPERVISOR,TEST
 eForm ID 394303

Form Status

You have just SUBMITTED this form. This action passed the form to SUPERVISOR TEST for further processing.

[Go To Worklist](#)
[View This Form](#)
[Close This Form](#)

Route to Other Approver				Personalize Find	First 1 of 1 Last
eForm ID	Empl ID	Name	Route to Other Approver		
1 394303	00156176	OTHER APPROVER	Route to Other Approver		

Note: If the distribution is for a grant or project, your form will automatically route to the Office of Sponsored Projects for approval after it has been approved by your supervisor or department head approver.

RENEW CELL PHONE REIMBURSEMENT

When you get a reminder email from the system to renew, follow the same steps as shown in the request cell phone reimbursement section.






EDIT EXISTING CELL PHONE REIMBURSEMENT

You will use this link when you need to change the following on a reimbursement that is already in place.

- Reimbursement amount
- Distribution (Chartfield)
- Cancel reimbursement

Click on the 'Edit Existing Cell Phone Reimbursement' link.

Employee Self Service

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The form will prepopulate with some information from your existing reimbursement.

Reimbursement Form

Authorized by

Step 1 of 2: Enter Payment Details

Enter values into the fields below.

▼ Current Job Info

Name:	TEST,TAMMY	EmpID:	00538283
DeptID:	00410	Human Resources	Empl Rcd#: 0
Supervisor ID:	00340521	SUPERVISOR,TEST	

Form Data

Click below for additional instructions on how to enter your reimbursement request

[Instructions](#)

Effective Date	02/01/2013	eForm ID	325346
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*Cell Phone Number *Carrier

- If applicable, enter any missing information.

One Time Reimbursement Information	
Reimbursement Amount	<input type="text" value="0.00"/>

If applicable, enter a *One Time* amount.

- Then indicate in the comments section if the *One Time* reimbursement is for a cell phone **equipment reimbursement** or a missed **retroactive** monthly payment.

Monthly Reimbursement Information			
*Total Monthly Charges	<input type="text" value="0.00"/>		
*Total Employee Charges	<input type="text" value="75.00"/>		
*Average ESTIMATED % of Business Use	<input type="text" value="100.00"/>	Reimbursement Amount	<input type="text" value="75.00"/>
End Date	<input type="text" value="03/30/2013"/>		


If applicable, enter or change your *Monthly Reimbursement* values.

- To end your existing reimbursement change the 'End Date' to be the last day of the month in which you want to receive your final reimbursement.

Distribution Data			
*Business Unit	<input type="text"/>	*Org ID	<input type="text"/>
*Activity	<input type="text"/>	*Account	<input type="text"/>

If applicable, enter or change your distribution data (chartfield) values.

- Activity value should meet the following criteria:
 - 8 digits in length
 - If the value is a project it must begin with a '5'. For example '5XXXXXXX'
 - All other activities are preceded with zeros. For example '000123456'
- Account value should begin with '633XX'
 - 63300 – 63319: Telcom – Other Charges

Form Messages		
	Message Text	Description
<input type="checkbox"/>	 Required Document Acknowledgement	I acknowledge that I have followed the cell phone guidelines to process this reimbursement and provided all the supporting documents to my supervisor.

Comments
Your Comment: <input type="text"/>






- Read and click the checkbox for the document acknowledgement message.
*Please provide all of your supporting documents to your department.
- Enter any comments you want your supervisor to see.
- Click the 'Submit' button to route your form to your supervisor for approval.

RESUBMIT, CHANGE OR WITHDRAW AN EFORM

Use this form when you want to Resubmit, Change or Withdraw an eForm that has previously been submitted:

- Resubmit / Change – Change a value on the form and resubmit to obtain all approvals again
- Withdraw – Cancel all processing of the form

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From the Search Page enter a value into any of the search fields to select a previously submitted request that needs to be resubmitted, changed or withdrawn.

Update Reimbursement eForm

Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Maximum number of rows to return (up to 300):

eForm ID:

Form Task:

Workflow Form Type:

Workflow Form Status:


EmpID:

Empl Rcd Nbr:

Original Operator:

Originated Date From:


Originated Date Thru:

[Basic Search](#)  [Save Search Criteria](#)

Once selected, you will be brought to a page displaying the request information as previously entered.

After working your way through the request make any necessary changes. Indicate in the comments section exactly what was changed (if applicable) and the reason for the change, resubmission or withdrawal. From there, select one the following options:


- **Close** – This will allow the user to exit the page without making any changes.
- **Resubmit** – If the user initiates changes, the form will need to be resubmitted. This will save the changes that have been entered and send the eForm back through the approval steps. The final page below allows the user to determine if the form should be resubmitted.



The screenshot shows a 'Message' dialog box with a blue title bar and a close button (X) in the top right corner. The main text area contains the following text: 'Resubmit this form? (24642,108)' followed by 'The form will be sent to the next approver with any changes and/or comments you may have made.' Below this text is a horizontal line for a comment. At the bottom right, there are two yellow buttons labeled 'Yes' and 'No'.

If the form is ready to be resubmitted select, “Yes.” To return to the previous page and make changes to the form select, “No.”

- **Withdraw** – If the request should no longer be considered (the manual override does not need to happen, for example), the form will need to be withdrawn. This will cancel the request completely and not allow any additional action on the request. If this option is selected it will advance to the following screen to finalize the action.



The screenshot shows a 'Message' dialog box with a blue title bar and a close button (X) in the top right corner. The main text area contains the following text: 'Are you sure you want to withdraw this form? (24642,107)' followed by 'Withdrawing a form permanently ends form processing. The form will be archived.' Below this text is a horizontal line for a comment. At the bottom right, there are two yellow buttons labeled 'Yes' and 'No'.

If the form is to be permanently ended select, “Yes.” To return to the previous page and make changes to the form select, “No.”

The final page will confirm that the request was successfully placed on hold, withdrawn or resubmitted.

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Update Reimbursement

Step 2 of 2: Form Finalized

Congratulations, you have successfully updated this form!

▼ **Current Job Info**

Name:	TEST,TAMMY	EmplID:	00538283
DeptID:	00410 Human Resources	Empl Rcd#:	0
Supervisor ID:	00340521 SUPERVISOR,TEST		
		eForm ID	325352

▼ **Form Status**

You have just RESUBMITTED this form. This action passed the form to SUPERVISOR,TEST for further processing.

[Go To Worklist](#)
[View This Form](#)
[Close This Form](#)

Note: Once a request has been approved by the final approver and executed to the system the previously submitted eForm is no longer available to resubmit, change or withdraw.

VIEW A REIMBURSEMENT EFORM

Use this section to view a recently submitted eForm, including all the details of the request, any comments made through the approval process, and information about its handling so far. This is a read-only view and shows a listing of all forms submitted by you.

From the Search Page enter a value into any of the search fields to select the request you wish to view.

View Reimbursement eForm


Enter any information you have and click Search. Leave fields blank for a list of all values.

Find an Existing Value

Maximum number of rows to return (up to 300):

eForm ID:

Form Task:


Workflow Form Type: 


Workflow Form Status:


EmplID:

Empl Rcd Nbr:

Original Operator:

Originated Date From: 

Originated Date Thru: 

[Basic Search](#)  [Save Search Criteria](#)