Long Beach Community College District

Request for Cell Phone Stipend

– Please type or print legibly –

Requester Information:

Name: _____ ____ _____
First Name Initial Last Name

Title: _____

Department: _____

Cell Phone # _____

Justification:

Approvals: _____ _____
Vice President Date

Implementation Path:

1. Budget Office (Y-14) – Received by: _____ _____
Date
2. Executive Committee – Approved by: _____ _____
Date
3. Human Resources – PS Input by: _____ _____
Date