

Date

To: Accounts Payable

Subject: Mobile Phone Expenses

This confirms that _____ (*insert department/faculty name*)
will pay a portion of the monthly mobile phone bill for _____ (*employee name*)
to cover work-related usage. We have agreed to pay no more than \$37 per month (including tax).

This amount can be subject to change at the University’s discretion.

Manager Name
Manager Title

Employee Name
Employee Title