TO BE COMPLETED BY DEPARTMENT:

1. Name of Authorized User: ____________________________________________________________

2. Department: ________________________________________________________________

3. Business Purpose: ______________________________________________________________

4. Allocation Chartfield:

<table>
<thead>
<tr>
<th>ACCOUNT</th>
<th>FUND</th>
<th>ORG</th>
<th>PROGRAM</th>
<th>SUBCLASS</th>
<th>PROJECT/GRANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>5044</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Employee:

[Signature] [Date]

Department Head:

[Signature] [Date]

Division VP:

[Signature] [Date]

MONTHLY STIPEND AMOUNT REQUESTED:

☐ CALLING PLAN * $50.00

☐ DATA PLAN * $30.00

* If applicable, describe business purpose/usage in line 3.

Return completed form to Human Resources

Received by Human Resources:

[Initials & Date]