

• SANTA BARBARA • SANTA CRUZ

ACCOUNTING AND FINANCIAL SERVICES ONE SHIELDS AVENUE DAVIS, CALIFORNIA 95616-8504 Tel. (530) 757-8501 Fax. (530) 757-8510

To: Accounts Payable, University of California at Davis

Re: Employee Agreement Concerning the Use of Portable Electronics and Communications Resources

I hereby certify that I am the recipient of the following University-provided portable electronics, communications equipment, and/or related services (check the appropriate box):

equipment, and/or related services (check the appropriate box):		
use of the equipment will be incidental in nature equipment that results in noticeable increments when using the equipment, in accordance with 46, Guidelines for the Purchase and Use of Cellu understand that all records related to the purch	be used primarily for official University business, and that any person . I agree to reimburse my department for any personal use of this l costs to the University and will exercise appropriate care and caution he policy and procedures set forth in Business and Finance Bulletin Gar Phones and Other Portable Electronic Resources. In addition, I use, use, and disposition of this University-owned equipment, including niversity and potentially subject to disclosure under California Public	า
controlling its use in accordance with BGB G-46.	reguarding the equipment, including any data on the equipment, and If the University determines that there is no longer a business need for equipment. Likewise, if I separate from the University employment, I thent.	or
the service will be incidental in nature. I agree t results in noticeable incremental costs to the Ur Business and Finance Bulletin F-46. In addition,	d primarily for official University business, and that any personal use of reimburse my department for any personal use of this service that iversity, in accordance with the policy and procedures set forth in understand that all records related to the purchase and use of this the University and potentially subject to disclosure under the California	
	nines there is no longer a significant business need for me to utilize th g of the service. Likewise, if I separate from University employment, t by the University.	
Employee Name:	Title:	
Signature:	Date:	
<b>Department Head</b> Name:	Title:	
Signature:		