



### F8.1 TECHNOLOGY ALLOWANCE DISCLAIMER FORM

<b>EMPLOYEE NAME</b>	
<b>DEPARTMENT</b>	
<b>ITEM/S PURCHASED</b>	
<b>COST</b>	
<b>NUMBER OF RECEIPTS ATTACHED</b>	

Only original receipts will be processed.

**THIS FORM CAN ONLY BE SUBMITTED BETWEEN SEPTEMBER 1 AND DECEMBER 31, 2024.**

- I acknowledge that there may be system or software installation requirements for this device in order to complete work-related duties.
- I acknowledge that the Technology Allowance is a taxable benefit.
- I acknowledge that I will be responsible for all maintenance and repairs of any sort on my device.
- I acknowledge that this is the last time that the Technology Allowance will be offered in its current form and that any future similar benefit will be determined by the administration and Board of Governors and is -dependent on College finances.

If you are purchasing a phone or tablet, you must check the box below for your claim to be considered:

- I acknowledge that I have a device that can be used to work remotely and that there may be system or software installation requirements for this device in order to be able to complete work-related duties.

**Office Use Only**

Amount:	Approved by:	Date:
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