

Bulloch County

Form A	Monthly Reimbursement for Business Use of Employee's Personal Cellular Telephone Form		
Employee Name			
Employee ID#			
Employee Personal Cell #			
Department		Contact	
Phone #		Email	
Monthly Plan Amount Based on Justification Rating			
	Level I: Basic \$28		
	Level II: Advanced \$38		
	Level III: Advanced Plus \$48		
	PDA \$68		
As Department Manager/Director, I verify that the employee listed above is required, due to legitimate business need, to maintain a cellular telephone to conduct official COUNTY business. I hereby authorize the employee listed above to use his/her personal cellular telephone for conducting official COUNTY business. The Department will pay the employee a cellular telephone requirement allowance or reimbursement for using his/her personal cellular telephone in accordance with the County's policies.			
Approval			
Employee Signature			
Title			
Date			
Department Manager Signature			
Date			
Division Director / Constitutional Official Signature			
Date			

* Please attach a copy of the first page of you cellular telephone bill to this form, (to document that you have a cellular telephone and your monthly plan cost). Both the employee and the Department should retain a copy.