



DOUGLAS COUNTY SCHOOL DISTRICT  
CELLULAR DEVICE SERVICE REIMBURSEMENT  
ANNUAL AUTHORIZATION FORM

EMPLOYEE NAME: \_\_\_\_\_

POSITION AND DEPARTMENT: \_\_\_\_\_

CELLULAR NUMBER: \_\_\_\_\_

BUDGET ACCOUNT NUMBER: \_\_\_\_\_

REIMBURSEMENT EFFECTIVE DATE: \_\_\_\_\_

MONTHLY REIMBURSEMENT LEVEL (circle one): TIER 1 (\$15) / TIER 2 (\$30) / TIER 3 (\$50)

JUSTIFICATION OF APPROVAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE CERTIFICATION:

I, \_\_\_\_\_, hereby certify that the above referenced reimbursement amount will be used only towards expenses that are incurred in the use of my personal cellular device for voice or data charges incurred while conducting business for Douglas County School District. I further certify that should the business usage decline for a sustained period that I will notify my Department Supervisor in writing as soon as practicable. I understand that this reimbursement will be included on my W-2 form as taxable income, and reimbursed on a monthly basis. I further understand that Douglas County School District is not responsible for the tax consequences of the reimbursement of my cellular device.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dept. Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

BUSINESS SERVICES

REVISED: 9/2010

Date Received by Payroll: \_\_\_\_\_

First Payroll Date Processed: \_\_\_\_\_