



DOUGLAS COUNTY SCHOOL DISTRICT
CELLULAR DEVICE SERVICE REIMBURSEMENT

ONE-TIME USE AUTHORIZATION FORM

EMPLOYEE NAME: _____

POSITION AND DEPARTMENT: _____

CELLULAR NUMBER: _____

BUDGET ACCOUNT NUMBER: _____

REIMBURSEMENT COVERAGE DATE(S): _____

REIMBURSEMENT AMOUNT: _____

(INVOICE MUST BE ATTACHED HIGHLIGHTING DISTRICT CALLS)

JUSTIFICATION OF APPROVAL: _____

EMPLOYEE CERTIFICATION:

I, _____, hereby certify that the above referenced reimbursement amount was incurred while conducting business for Douglas County School District through the use of my personal cellular device for voice charges. I understand that this reimbursement will be included on my W-2 form as taxable income. 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: _____