



Douglas County School District

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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 (\$35) / 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: 9/2023

Date Received by Payroll: _____

First Payroll Date Processed: _____