

## CELL PHONE REIMBURSEMENT

**To:** Revenue Department  
**From:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Re:** Monthly Billing Statement for Cellular Telephone/BlackBerry Service from \_\_\_\_\_

Each employee assigned a district cell phone is responsible for reimbursing the District for any personal calls made or received which in total are \$1.00 or more for the period.

My Personal Minutes	
Cost Per Minute <i>(The current reimbursement cost per minute will be \$0.08. Updates will be made if there are increases in the cost from the provider.)</i>	\$0.08
<b>Amount Owed for Personal Minutes</b> <i>(Multiply personal minutes by cost per minute)</i>	

If the total amount owed is less than \$1.00, a check will not be necessary.

Coding for phone:

Fund	T	Function	Object	Facilities	Project	Sub Project

Please check the appropriate box:

- I have reviewed my billing statement and the amount owed for personal minutes is not in excess of \$1.00.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

- I have reviewed my billing statement and enclosed a check made payable to the Escambia County School District for personal calls made on this statement.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Department Head/Supervisor:

- I have reviewed the user's documents.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE