



# Cell Phone Stipend Payments

Employee \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Date \_\_\_\_\_ Phone # \_\_\_\_\_

**Must attach a copy of your recent cellular bill, including the monthly plan.**

Reason for cell phone stipend as related to fulfill job duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervising VP \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Tier 1: \_\_\_\_\_ Tier 2: \_\_\_\_\_ Tier 3: \_\_\_\_\_

Amount approved: Monthly Stipend \$ \_\_\_\_\_

VP Operations Signature \_\_\_\_\_ Date \_\_\_\_\_

Submitted to Payroll \_\_\_\_\_ Date \_\_\_\_\_