

CELLULAR PHONE ALLOWANCE AUTHORIZATION

NAME: Jessica Ballesteros

DEPARTMENT: Navarro County District Attorney's Office

JOB TITLE: Victim Assistance Coordinator

JUSTIFICATION FOR ALLOWANCE:

Contacting victims and victims reaching out to me after hours. Receiving pictures, victim impact statements, and/or other documents via text.

DATE APPROVED/DECLINED IN COURT: _____

EFFECTIVE DATE: 04/16/2021

AMOUNT: \$ 85.00

ADD

REMOVE

CHANGE

By signing this form, the employee understands that they will be required to provide proof of billing for cellular telephone service in their name on a periodic basis, as deemed necessary by Navarro County.

SIGNATURES:

EMPLOYEE: Jessica Ballesteros DATE: 4/14/21

DEPARTMENT HEAD: [Signature] DATE: 4/20/21