

#1

CELLULAR PHONE ALLOWANCE AUTHORIZATION

NAME: Patty Medina

DEPARTMENT: D.A.

JOB TITLE: Investigator

JUSTIFICATION FOR ALLOWANCE:

DATE APPROVED/DECLINED IN COURT: 6/27/2022

EFFECTIVE DATE: 7/15/22

AMOUNT: \$50⁰⁰

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: _____ DATE: _____

DEPARTMENT HEAD: [Signature] DATE: 6/27/22