

CELLULAR PHONE ALLOWANCE AUTHORIZATION

NAME: Kim Southard

DEPARTMENT: Commissioners

JOB TITLE: Admin Coordinator

JUSTIFICATION FOR ALLOWANCE:

DATE APPROVED/DECLINED IN COURT: 10/7/2022

EFFECTIVE DATE: 10/15/2022

AMOUNT: 1,020.00

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: [Signature] DATE: 9/30/22
DEPARTMENT HEAD: [Signature] DATE: 10/30/22