

6

CELLULAR PHONE ALLOWANCE AUTHORIZATION

NAME: JAYAR MEDLOCK

DEPARTMENT: INDIGENT DEFENSE

JOB TITLE: INDIGENT COORDINATOR

JUSTIFICATION FOR ALLOWANCE:

DATE APPROVED/DECLINED IN COURT: _____

RECEIVED

EFFECTIVE DATE: _____

OCT 06 2022

AMOUNT: \$1,020 PER YEAR. \$42.50 PER PAY PERIOD

NAVARRO COUNTY
TREASURER'S OFFICE

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: Jayar Medlock DATE: 10-6-2022

DEPARTMENT HEAD: [Signature] DATE: 10-6-22