RECEIVED

CELLULAR PHONE ALLOWANCE AUTHORIZATION 07 2022

NAME: JACI	CIE OWEN	NAVARRO COUNTY AUDITOR'S OFFICE
DEPARTMENT: TAY	OFFICE	
JOB TITLE: CHIE	F DEPUTY	
JUSTIFICATION FOR AL	LOWANCE:	
		,
DATE APPROVED/DECL	INED IN COURT:	
EFFECTIVE DATE:		
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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: Jar	i liven	DATE: 10-28-2022
DATE: 10-28-2022 DEPARTMENT HEAD: Myse Nove DATE: 10-28-2022		