

CELLULAR PHONE ALLOWANCE AUTHORIZATION

NAME: Terr Gillen

DEPARTMENT: Auditor's

JOB TITLE: Auditor

JUSTIFICATION FOR ALLOWANCE:

DATE APPROVED/DECLINED IN COURT: _____

EFFECTIVE DATE: _____

AMOUNT: \$ 1020⁰⁰ / yr

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: *Terr Gillen* DATE: 11/9/22

DEPARTMENT HEAD: *Terr Gillen* DATE: 11/9/22