

CELLULAR PHONE ALLOWANCE AUTHORIZATION

NAME: Natalie Robinson

DEPARTMENT: Auditor

JOB TITLE: 1st Assistant Auditor

JUSTIFICATION FOR ALLOWANCE:

DATE APPROVED/DECLINED IN COURT: _____

EFFECTIVE DATE: _____

AMOUNT: \$ 1020.00 / 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: Natalie Robinson DATE: 10/07/2022
DEPARTMENT HEAD: [Signature] DATE: 11/9/2020