

CELLULAR PHONE ALLOWANCE AUTHORIZATION

NAME: DAVID BREWER

DEPARTMENT: Commissioner PCT 4

JOB TITLE: \_\_\_\_\_

JUSTIFICATION FOR ALLOWANCE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE APPROVED/DECLINED IN COURT: 1/9/23

EFFECTIVE DATE: 1/9/23

AMOUNT: \$85.00

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: DWB DATE: \_\_\_\_\_  
DEPARTMENT HEAD: David Brewer DATE: 1/9/23