

CELLULAR PHONE ALLOWANCE AUTHORIZATION

NAME: Adam Minze

DEPARTMENT: Constable

JOB TITLE: Deputy Constable

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

DATE APPROVED/DECLINED IN COURT: 9/25/23

EFFECTIVE DATE: \_\_\_\_\_

AMOUNT: \$1020

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: *AM* DATE: 9-25-23

DEPARTMENT HEAD: *David Brewer* DATE: 9/26/23