

CELLULAR PHONE ALLOWANCE AUTHORIZATION

NAME: Vinjan Corpus

DEPARTMENT: DA Office

JOB TITLE: Victim Assistance Coordinator

JUSTIFICATION FOR ALLOWANCE:  
Position

DATE APPROVED/DECLINED IN COURT: 2/12/24

EFFECTIVE DATE: 2/29/24

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: [Signature]

DATE: 2/17/2024

DEPARTMENT HEAD: [Signature]

DATE: 2/7/2024