Business

Cell Phones – Stipend Form

TULARE COUNTY OFFICE OF EDUCATION

CELLULAR PHONE STIPEND AUTHORIZATION FORM

Employee Name: _____ Division: _____
Budget Account Number:

FD	RE	PY	GO	FN	OB	SI	CO	RP	%
					59000			5910	
					59000			5910	
					59000			5910	

Date cellular service to begin: _____

Cellular phone number: _____

Date Stipend to begin: _____

Stipend amount: ☐ $ 45.00 per month *(Included in employees monthly payroll check)*

or

☐ $ _____per month *(amount to be determined by Program Manager)*

Employees Certification

I certify that the above stipend will be used toward expenses that I incur for cellular phone usage for business purposes. I further certify that should the business usage significantly decline for a sustained period, I will notify my supervisor and the business department in writing as soon as practicable. I understand that this stipend will be included on my W-2 form as taxable income. I further understand that the Tulare County Office of Education is not responsible for the tax consequences of the stipend or the business use of my personal cellular phone.

_____ _____
Employee Signature Date

APPROVAL FOR CELLULAR USAGE COSTS:

_____ _____
Program Manager Date

_____ _____
Division Assistant Superintendent Date

_____ _____
Internal Business Date

_____ _____
Human Resources Date