



FORM F414-1	
SECTION: PERSONNEL AND EMPLOYEE RELATIONS	
Adopted/Original Date of Issue	2016
<input type="checkbox"/> Last Reviewed <input type="checkbox"/> Revised	
Next Review Date	2024
Contact	Corporate Services

CELL PHONE DEVICE REIMBURSEMENT

Date: _____

Name: _____

Employee #: _____

Total Claim Amount: \$ _____ (Maximum allowable \$200)

Claimant Signature: _____

Superintendent Approval: _____

Finance Approval: _____

Instructions:

- For Principals and Vice-Principals who are eligible to receive the monthly cell phone allowance.
- Attach original receipts (maximum allowable reimbursement is \$200).
- Only one (1) claim every two (2) years.
- Payment will be made on the next pay (pay deadlines allowing).

Form History

Approved:	June 2016
Reviewed:	
Revised:	