CITY OF PARIS

WIRELESS PHONE ALLOWANCE AUTHORIZATION FORM

Employee Name_____ Department_____
Job Title_____ Department Code_____

☐ New Monthly Allowance Request $_____

☐ Revised Monthly Allowance Request $_____

☐ Terminate Monthly Allowance

Once approved by the City Manager, a completed requisition must be submitted each month for payment. A copy of the front page of the employee's phone bill must accompany the requisition.

Business Purpose of the Allowance/Reason for Change:

_____
_____
_____

Employee Certification and Signature:

I certify that I will report any changes in the level of those business expenses to my Department Director. I further certify that I have read, understand, and intend to comply with the City's Wireless Phone Policy.

_____ _____
Signature of Employee Date

Department Director Certification and Signature:

I certify that the requested allowance is needed for this employee to cover work-related expenses due to cell phone use. I further certify that I have read, understand, and intend to comply with the City's Wireless Phone Policy.

_____ _____
Signature Date

City Manager Approval:

_____ _____
Signature Date