

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