

New Philadelphia City School District

Cell Phone Reimbursement Form

Name _____

Position _____

July , August, September

Tier Level:

October, November, December

1

January February, March

2

April, May, June

3

Reimbursement Request:

Number of months _____ times tier level \$ _____ equals \$ _____

Signature _____

Copies of cell phone bills must be attached for each month in order to receive reimbursement.

Tier 1 \$90 per month

Superintendent, Asst. Supt, Treasurer, Transportation , Buildings and Grounds, High School Principal

Tier 2 \$60 per month

Athletic Director, Special Services Director, Middle School Principal

Tier 3 \$40 per month

Elementary Principals, Assisitant Principals, School Nurses

Eligible Staff members obtain their own wireless telephone, carry it with them while working, use it to conduct necessary business while working and submit a complete copy of their wireless telephone bill quarterly with this expense report

Board Policy EGAC-R