

**TUBA CITY UNIFIED SCHOOL DISTRICT #15**  
**Cell Phone Benefit Reimbursement Request**

Name of Staff \_\_\_\_\_

Title \_\_\_\_\_

Extension \_\_\_\_\_

Cell phone number \_\_\_\_\_

Mobile Carrier \_\_\_\_\_  
 (Verizon, Sprint, etc.)

Date of Bill	Total Amount	Amount of Claimed (\$75.00 Max.)
	<b>Total</b>	

Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use:	
Date Received:	
Date Approved:	
Date Paid:	

- \* **Fill out form in its entirety**
- \*\***Attach the front page of phone bill for each month listed and claimed**
- \* **Sign and submit to Payroll**