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# Lewis and Clark County

Administrative and Financial Services Department

## Personal Cellular Phone Usage Reimbursement Request and Agreement

|                 |                                      |
|-----------------|--------------------------------------|
| Employee Name:  | Department:                          |
| Job Title:      | Estimated Minutes of Business Usage: |
| Stipend Amount: | Cell Phone Number:                   |
| Justification:  |                                      |

As a recipient of a cell phone stipend, I understand the following:

- I am responsible for the purchase of cellular phone service and equipment and agree to vendor terms and conditions. I am responsible for plan choices and service features that meet the job-related requirements that the stipend is intended to cover.
- I agree to allow the County to publish my number internally for business purposes and to accept business calls and/or messages.
- I agree to maintain work related texts and voice message in accordance with Montana's local government record retention schedules.

Employee Signature: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Chief Administrative Officer Signature: \_\_\_\_\_