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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: _____