



Annual Cell Phone Reimbursement Request Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

This is a request to receive my annual cell phone reimbursement paid to me for fiscal year 2027.

The requested amount is: \$705.00 (12 x \$58.75) to be paid in one lump sum after the start of the new fiscal year.

I understand that if I leave employment before the end of this fiscal year (FY 2027), the pro-rated amount of the total that is being paid to me will be deducted from my final paycheck. For instance, if I am paid the cell phone reimbursement in full (12 months) after the start of the fiscal year and I leave employment at the end of October, eight months of my cell phone reimbursement will be deducted from my final paycheck.

Signatures:

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

Borough Manager: \_\_\_\_\_