

Cell Phone Reimbursement Request Form

Name _____

Service Area or Sector _____

Requesting:

Reimbursement for personal cell phone

Cell Phone Number _____

Agreement:

I understand that my Zoom phone number will be available to other agency staff for business use and will be in an AEA internal agency directory. I further understand the maximum reimbursement is \$10 per month and payable annually.

In rare cases, a staff member's cell phone number may be included in the directory. This is done to facilitate communication based on their specific role and responsibilities, particularly for those whose positions are not typically involved with sensitive special education privacy or record issues. Ex: Night Custodians, Van Drivers, etc.

Signature: _____ Date: _____

Please return this signed form to your administrative assistant. This form can also be filled out electronically.

_____ 12 months

Director's Signature (or Designee)

Date

Revised: 9/20/2013
Reviewed: 11/2/2016
Reviewed: 5/4/2022
Amended: 10/1/2025