



BAKERSFIELD CITY SCHOOL DISTRICT

PERSONAL CELLULAR DEVICE

REIMBURSEMENT FORM

2023-24 Fiscal Year

I am requesting a payroll reimbursement from the *Bakersfield City School District* for the use of personal cellular devices for district business. I understand that this reimbursement will be a stipend included in my monthly payroll warrant. It is my responsibility to notify the *Department of Stores and Purchasing*, by the 10th of the month, to initiate a stipend or discontinue the stipend in the event I decide to no longer use my personal cellular device for district business. Additionally, I agree to comply with all state and federal laws regarding cellular device usage including the hands-free devices requirement for telephone usage while driving an automobile, effective July 1, 2011.

Instructions:

- 1) Complete the information requested below for the employee requesting cellular phone reimbursement for a personal cellular phone being utilized for business purposes in lieu of a District issued phone and service plan.
- 2) Attach a copy your most recent cell phone bill as proof a cell phone plan. NOTE: Reimbursements are effective in the month they are received by payroll. No retroactive payments are permitted.
- 3) Reimbursement is effective for the current fiscal year only.
- 4) Return the District issued cellular device to Department of Stores and Purchasing

Name: _____ Employee ID or SS#: _____

Title: _____ Department: _____

Check One Below:

\$80.00 Smart Phone Stipend

Terminate Stipend

SUBMIT TO PURCHASING BY THE 10TH OF THE MONTH TO BE EFFECTIVE IN THAT MONTH

Personal Cellular Phone Number (Including Area Code): _____ **REQUIRED**

District Cellular Phone Number to be terminated: _____ **REQUIRED**

Active Wireless Service Contract attached Yes ___ No ___ **REQUIRED**

District Cell Phone Returned? Yes ___ No ___ **REQUIRED**

Employee Signature: _____ Date: _____

Department Head Approval: _____ Date: _____

Administrative Approval: _____ Date: _____

<u>For Payroll Use Only</u>
Pay Period Started _____
Pay Period Stopped _____
Processed By: _____

SUBMIT TO
DEPARTMENT OF STORES AND PURCHASING