

**Town of Clayton  
Cell Phone Allowance Request**

Employee Name:

Department:

Job Title:

Monthly Allowance Requested      \$            (maximum \$10/month)

For the period covering  through

**Attach a copy of your most recent cell phone invoice.**

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**Employee Certification and Signature:**

*I certify that I will use the funds requested toward the business use designated above, and promptly report any changes in the level of those business expenses to my Department Head. I further certify that I have read, understood and intend to comply with the Town of Clayton's Employee Cell Phone Use Reimbursement Policy.*

Signature:

Date:

**Supervisor's Certification and Signature:**

*I certify that the requested allowance is needed for this employee, to cover work-related expenditures due to cell phone use. I further certify that I have read, understood and intend to comply with the Town of Clayton's Employee Cell Phone Use Reimbursement Policy.*

Signature:

Date: