



TRAVIS COUNTY
Employee Cellular Airtime Certification
for County-Issued Wireless Technology

Employee Name: _____
Department Name: _____

Cell Phone Number: _____
Dept. Number: _____

Payment is to be made to:

Vendor Name: _____

Vendor Number: _____

Invoice number: _____

Wireless account number: _____

Invoice date: _____

Invoice period: _____

Instructions:

1. Complete form.
2. Indicate the personal overage charges.
3. Forward the following to Treasurer's Office and prepare a deposit
a. Payment from the employee to the County for overage charges.
b. Copy of this Employee Certification form
c. Copy of the invoice.
4. Attach a copy of this completed form to the applicable wireless technology invoice and forward to the Auditor's office for payment processing.

Note: The invoice cannot be paid until all documentation is received and all personal use reimbursements have been received and deposited by Travis County.

Detail of Personal Usage Resulting in Overage Charge

Personal Overage units: _____

Travis County Deposit Warrant No: _____

Overage rate / unit: _____

Overage amount due to County: _____

Department Notes: _____

Employee Signature: _____

Date _____

By my signature, I certify that all wireless charges reflected on the County-Issued Wireless Technology invoice indicated above were made in the course of official Travis County business except those noted on the attached invoice copy. I further certify that I have reimbursed Travis County for any and all personal calls indicated on this form in accordance with the Travis County Wireless Communications Policy.

Department Head _____

Date _____

By Department Head signature, I have verified the adequacy of the wireless technology usage. I specifically have considered the official usage need and whether the employee's usage warrants a change in their allotment as dictated by the available wireless plans that are County contracted.