



TRAVIS COUNTY

Employee Reimbursement Request for Personal Wireless Technology Usage

Employee Name: _____

Employee Vendor Number: _____

Department Name: _____

Dept. Number: _____

Wireless account number: _____

Invoice date: _____

Invoice period: _____

Instructions:

1. Complete form.
2. Attach the following to an FV60 transaction in SAP:
 - a. This completed form.
 - b. Proof of payment by employee.
 - c. Copy of employee's applicable wireless invoice.

Detail of Official Usage Resulting in Overage Charge

Total of applicable personal bill:	_____
Carrier's monthly rate:	_____
Overage due to County Business	_____
Additional variable charges	_____
Reimburse to Employee	_____

Employee Signature: _____

Date _____

By my signature, I certify that the noted wireless overages reflected on my personally-owned Wireless Technology invoice indicated above were made in the course of official Travis County business. I request reimbursement in the amount indicated above for those overage charges 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.