



Personal Cell Phone Reimbursement

NAME	
PHONE NUMBER	
CELL PHONE COMPANY	
NAME ON THE CELL PHONE BILL	
DEPARTMENT	

Per The Tulalip Tribes Network Security and Usage Policy and The Tulalip Tribes Communication Devices Policies and Procedures. I acknowledge that The Tulalip Tribes owns the email account and anything else that pertains to The Tulalip Tribes. Tulalip Data Services (TDS) are legally about to retrieve any information that is owned by The Tulalip Tribes. By signing this acknowledgement you are agree to the terms per The Tulalip Tribes Network Security and The Tulalip Tribes Communication Device Policies and Procedures.

All Cell phone bills must have the following: Employee cell phone number that is on file, the account number, the billing months. Please note that it will take approximately a week and a half to receive you check. The Mailroom Clerk will notify you by email when you check have come in. If the check is left longer than two weeks it will be mailed to the address on the check.

THIS FORM MUST BE COMPLETED ANNUAL ON THE FIRST OF THE YEAR.

Employee Signature

Date

Signature of Supervisor

Date

OFFICE USE ONLY	
Received by staff	Date
Mailroom Signature	