



Squaxin Island Tribe Certification of Monthly Cellular Phone Bill

Name: _____

If all calls on this bill are not business related, I agree to accept responsibility for the personal cellular phone calls and have indicated all personal calls on the attached bill.

- I have enclosed a check or cash for the amount of the personal calls.
- I authorize Squaxin Island Tribe to deduct from my earliest payroll check the total amount for my personal cellular phone calls.

Billing Date: _____

Account Number: _____

Cell Phone Number: _____

Amount of Personal Calls: _____

This Certification Form must be completed and returned to the Accounts Payable Department within five (5) working days of the receipt of this Certification of Monthly Cellular Phone Bill. An automatic payroll deduction will be done for the entire amount due on the monthly bill if certification is not submitted within the time frame allowed.

Signature of Cellular Phone User

Reviewed by Department Director

Date

Date

Accounts Payable Use Only

Date sent to cell phone user: _____

GL Account: _____

Accounts Payable Session Number: _____ Date entered: _____

Date sent to Payroll for payroll deduction: _____

Date sent to Accounts Receivable: _____