



# Mobile Communication Expense Justification Form



(for employees who require mobile communication to conduct LPSS business)

Employee Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

School / Department: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

## Part A - Service

Requesting Monthly Allowance Reimbursement for Mobile Phone Service \$ \_\_\_\_\_

Requesting Monthly Allowance Reimbursement for additional services such as SMS or text-messaging and/or Internet/e-mail access or excessive usage of minutes + \$ \_\_\_\_\_ \*

Total Monthly Allowance Reimbursement for Service Requested: = \$ \_\_\_\_\_

## Part B - Equipment

Check One:

\_\_\_\_\_ Requesting Monthly Allowance Reimbursement for Mobile Phone = \$ 4.50

-OR-

\_\_\_\_\_ Requesting Monthly Allowance Reimbursement for Combination Device = \$ 17.00 \*

**Write Justification(s) - Why is the Phone/Device/Services Necessary? :**

**Effective date reimbursements are to begin: Month \_\_\_\_\_ Year \_\_\_\_\_**

I agree that the mobile communication phone/ device will not be contracted in the name of the Lafayette Parish School System.

Employee Signature: \_\_\_\_\_

Print Name of Supervisor: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_

Items marked with "\*"Require Signature of Deputy Superintendent or Superintendent: \_\_\_\_\_

Allowances per Administrative Guidelines:
Administrators/Directors \$49.00/month
Principals/Assistant \$39.00/month
Coordinators/Supervisors \$36.00/month
Coaches/Athletics \$34.00/month
Teachers/Others \$24.00/month
* any amounts exceeding these limits must be approved

**\*\*Submit completed form to Kay Ledet, Purchasing Agent\*\***