## **Wireless Reimbursement**



F.11.002

Please type or print information clearly

The majority of Wireless devices within FNL are on a "Domestic Only" service plan which includes "shared" minutes and unlimited data and texting. Incidental "personal" usage is allowed; however, if additional features are activated or applications are downloaded which result in additional costs to FNL, the employee is responsible for repayment to FNL. The following may result in additional costs:

- 1. Overages (Additional Charges outside the Service Plan for Personal Usage)
- 2. Downloading applications (not business related)
- 3. Tethering

It is the responsibility of employee to review the monthly invoice from the wireless service provider and reimburse FNL via a personal check for any additional costs (Detailed billing can be obtained by contacting the Wireless Administrator, ext. 1716)).

Employee Information		
1. First Name	2. Last Name	3. Center number to be reimbursed
4. Signature		
5. Date of Credit Card Statement of Account (Wireless Administrator, 301-846-1716, can supply this information)		6. Credit Card number payment was made on (Wireless Administrator, 301-846-1716, can supply this information)
	Information for Reimi	bursement
7. Amount of Reimbursement	8. Description of items purchased/activate	ed causing additional charges
Employee is responsible for f	orwarding a reimbursement check. a	copy of detailed billing that includes the additional

costs, and this form to the General Accounting Department, P.O. Box B, Frederick, MD 21702. This must be received in the General Accounting Department by the last day of each month.

878 12/2013 Page 1 of 2

## **Wireless Reimbursement - Instructions**



- 1. Print the employee's first name submitting the reimbursement.
- 2. Print the employee's last name submitting the reimbursement.
- 3. Enter the center number to be reimbursed.
- 4. Enter employee's signature.
- 5. Enter the date of the credit card statement of account.
- 6. Enter the date of the credit card payment.
- 7. Enter amount of reimbursement.
- 8. Enter description of items purchased/activated causing additional charges.

878 12/2013 Page 2 of 2 Referenced in: SP D301