

Department Of Administration
OFFICE OF ACCOUNTS AND CONTROL

**STATE-OWNED CELLULAR TELEPHONE
REIMBURSEMENT REPORT**

I, _____, certify to the following:
(Name of Employee)

- 1) This report is for the cellular telephone bill for cellular telephone number _____ covering the period listed below:

From _____ To _____
(M/D/YY) (M/D/YY)

- 2) I have reviewed a copy of the cellular telephone bill for the above period to determine if any reimbursement is due for personal calls.
- 3) I have attached a check or money order, made payable to General Treasurer, State of Rhode Island ,” in the amount of \$ _____ to reimburse the state for all personal call highlighted on the attached bill.
- 4) All calls not reimbursed by me are just and proper calls relating to official state business.

Employee's Signature

Date

Instructions to Employees:

You are to submit a report once each month, whether or not a reimbursement is due to the state.

If no personal calls were made during the billing period, insert a **“0.00”** in item #3 above.