

South Georgia College Monthly Cell Phone Use Reporting Form

Employee Name: _____

Cell Phone User:

- Highlight each personal call on your monthly detail bill regardless of Plan subscription.
- Mark the option below that corresponds to your monthly usage.
- Sign, date, and deliver to either the Business Office or your supervisor as dictated by selections below.
- Your signature on this form indicates that you have reviewed your bill and will make necessary payments.

Supervisor:

- Review employee's bill as dictated by selections below.
- Sign, date, and deliver to Business Office.

I am subscribed to the SGC Business Use Only Cell Service Plan and I have no incoming or outgoing personal calls.

I am subscribed to the SGC Business Use Only Cell Service Plan and I have incoming and/or outgoing personal calls. I will pay the Business Office for the personal calls. **Supervisor signature required.**

I am subscribed to the SGC Personal Use Cell Service Plan and I did not exceed the monthly Plan limits or incur any additional charges.

I am subscribed to the SGC Personal Use Cell Service Plan and I exceeded the monthly Plan limits and/or incurred additional charges. I will pay the Business Office for the additional charges. **Supervisor signature required.**

Additional Amount Due: \$ _____

Employee Signature: _____ **Date:** _____

Supervisor Name (please print legibly): _____

Supervisor Signature: _____ **Date:** _____

Comments: _____

Sign and return form to the Business Office by _____
(Date)