

[ACCOUNTABLE DRAFT]

COMPANY PHONE POLICY

Dear Employee,

We recognize you will use your personal cell phone to fulfill your duties at [X] and as such, we will reimburse you for a portion of the monthly bill. This policy explains how reimbursement works and what's required of you to claim it.

Policy details

- [X] reimburses [\$X] of your monthly cell phone bill. This is reimbursed through our expense reporting system
- [add type of proof you will accept for reimbursement e.g. a receipt or copy of the monthly bill]
- [add how often you reimburse and deadlines]

Additional information

- The IRS stipulates we prove the use of your cell phone is for business. We will not reimburse you if you do not submit the correct information
- Support for the reimbursement must be submitted within [X] months after the charge
- The company will not pay any amount *greater* than your phone bill. If there is an overpayment, it is crucial you inform us. Amounts reimbursed greater than the supporting bill are considered additional earnings and are subject to payroll tax

Please sign this form to indicate you have read, understood, and agree to this policy. Return it by email to your supervisor.

Date:

Employee name:

Employee signature:

[NON-ACCOUNTABLE DRAFT]

COMPANY PHONE POLICY

Dear Employee,

We recognize you will use your personal cell phone to fulfill your duties at [X] and as such, we will pay you a monthly stipend to apply against your personal bill. This policy explains how the compensation works and what's required of you to claim it.

Policy details

- At [X], we provide a cell phone stipend for [\$x] per month
- The stipend is paid through regular payroll as additional compensation
- This monthly stipend is subject to payroll tax

Please sign this form to indicate you have read, understood and agree to this policy and return it by email to your supervisor.

Date:

Employee name:

Employee signature: