



**Santa Barbara County Education Office**  
4400 Cathedral Oaks Road, P.O. Box 6307, Santa Barbara, California 93160-6307  
(805) 964-4711 • FAX: (805) 964-3041 • Direct Dial: 964-4710 plus extension  
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## Monthly Cellular Phone Expense and Reimbursement Certification

Cellular Phone User \_\_\_\_\_ Title \_\_\_\_\_

Customer Account# \_\_\_\_\_ Cellular# \_\_\_\_\_

Statement Date \_\_\_\_\_ Total Current Charges: \$ \_\_\_\_\_

If there are NO charges for calls or other services beyond the normal monthly plan, stop here, check this box , sign below, and return this form to Fiscal Services.

Otherwise, mark all charges for personal use using the detail section of your bill and reimburse the SBCEO.

Total personal use charges to be **reimbursed** to the SBCEO: \$ \_\_\_\_\_

Reimbursement Check# \_\_\_\_\_ and date of check \_\_\_\_\_.

I certify that the total current charges for cellular phone use, as indicated above, are necessary business expenses except for personal charges, if any, which have been itemized on the attached cellular phone statement and reimbursed to the SBCEO.

\_\_\_\_\_  
Signature of Cellular Phone User

\_\_\_\_\_  
Date of Signature