

SCHOOL DISTRICT OF WAUPACA

SERIES 700 SUPPORT SERVICES

CODE: 772.2-R1

Cell Phone Policy Affidavit of Receipt

I, _____, acknowledge receipt of the Cell Phone Policy for Administrators/Supervisors for the School District of Waupaca.

I am providing my cell phone provider name and cell phone number below in order to receive my \$50/month stipend.

Provider Name

Cell Phone Number

I understand I may submit a district expense reimbursement request and receipt (up to \$100) and receive a one-time reimbursement of a cell phone purchase if applicable.

Signature

Date

ADOPTED: 061113
REVISED:
REVIEWED:
LEGAL REFERENCE:
CONTRACT REFERENCE:
CROSS REFERENCE:

The School District of Waupaca does not discriminate on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability.