

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CENTRAL SERVICES DIVISION
201 W. Preston Street, Baltimore, Maryland 21201**

REPORT

PERSONAL CELLULAR TELEPHONE CALLS REIMBURSEMENT

User's Name: _____ **Cell Phone #:** _____

Office/Unit: _____ **PCA:** _____

Official Calls Amount: \$ _____

Personal Calls Amount: \$ _____

Invoice Total: \$ _____

Acknowledgement :

I am aware that it is my responsibility as a user of a State issued cellular telephone to identify and report all personal cellular phone calls, and reimburse the Department for the costs incurred for those calls (Ref: DHMH-HQ Policy on Cell Phones and Services, effective February 2, 2007).

User's Signature: _____ **Date:** _____

Unit Telecommunications Monitor: _____

Unit Telecommunications Monitor Signature: _____ **Date:** _____

Note: This report and a check, if applicable, must be attached to the cellular telephone bill when submitted to accounting for payment. Payment will not be processed without this report.