

Medina County Commissioners Cell Phone Stipend Request Form

I have received approval from the County Administrator and the Board of Commissioners to receive a monthly stipend paid on a quarterly basis per the County Cell Phone Policy 7.007.

The quarterly amount is \$_____ to be paid for _____ quarter.

Employee Signature

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Authorized by Commissioner