

I OWN Plan Reimbursement Request

Name _____ Position _____

Month of _____, 20__ School _____

Type of Reimbursement

- Voice Only – reimbursement rate of \$16.00 per month
- Voice/Data/Text – reimbursement rate of \$39.00 per month

To be considered for reimbursement, a copy of the phone bill must be attached to this form

Submitted by: _____

Date: _____

Approved by: _____

Date: _____

Review/Revised:8/29/12