WIRELESS DEVICE TAXABLE DEDUCTION FORM W.2011.3

Department Name _____ Invoice # _____

Account Number _____ Invoice Date _____

Employee Number	Employee Name	Wireless Device Number	Monthly Charge	Monthly Charge Adjustment	Justification of Adjustment (If Any)

Wireless Communication Service Administrator

_____ _____

Print Name Date

_____

Signature

Elected Official/Department Head

_____ _____

Print Name Date

_____

Signature