

MARYLAND  
DEPARTMENT OF HEALTH  
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: MDH-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.