



**Cell Phone/Data/Internet Service  
Allowance Authorization Form**

Team Member: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Division: \_\_\_\_\_ GL Site: \_\_\_\_\_ Department: \_\_\_\_\_

- Cell phone only (\$40)                       Cell & Data/Internet service (\$75)

Cellular phone number (with area code): \_\_\_\_\_

Allowance effective date: \_\_\_\_\_ Allowance end date: \_\_\_\_\_

---

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Team Member Certification**

*I certify that the above monthly allowance will be used toward expenses that I incur for Cellular Telephone Voice/Data and/or Internet usage for business purposes only. Should the business usage significantly decline for a sustained period, I will notify my supervisor in writing as soon as practicable.*

*I understand that that this reimbursement allowance is contingent upon my continued employment with Flyers Energy. Should my employment be separated, this allowance will become null and void. In the event that I utilize an extended leave of absence, this allowance may be prorated or suspended throughout the period during which I am not actively incurring any business expenses.*

Team Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A/P Signature: \_\_\_\_\_ Date: \_\_\_\_\_