

# Cellular Data Service Reimbursement Request

Cellular data service expenses may be reimbursed on a monthly or quarterly basis, up to \$37.50 per month or \$112.50 per quarter. Please **do not send billing documentation to the TSSWCB**, receipts should be maintained by the SWCD.

SWCD Name:  SWCD Number:

TSSWCB Field Representative:

Cellular Data Service original start date:

Select the quarter for this request:

- 1st Quarter - Sept, Oct, Nov
- 2nd Quarter - Dec, Jan, Feb
- 3rd Quarter - Mar, Apr, May
- 4th Quarter - Jun, Jul, Aug

Monthly Expenses:

<input type="text"/> <i>Check Date</i>	<input type="text"/> <i>Check Number</i>	<input type="text"/> <i>Statement Paid</i>	\$ <input type="text"/> <i>Amount Paid</i>
<input type="text"/> <i>Check Date</i>	<input type="text"/> <i>Check Number</i>	<input type="text"/> <i>Statement Paid</i>	\$ <input type="text"/> <i>Amount Paid</i>
<input type="text"/> <i>Check Date</i>	<input type="text"/> <i>Check Number</i>	<input type="text"/> <i>Statement Paid</i>	\$ <input type="text"/> <i>Amount Paid</i>
\$ <input type="text"/> <i>Total</i>			

*Chair, SWCD Board of Directors*

*Date*

Please send this completed form to:  
[claims@tsswcb.texas.gov](mailto:claims@tsswcb.texas.gov)

This form may also be mailed to:  
TSSWCB  
Attn: ITA Claims  
1497 Country View Lane  
Temple, TX 76504

<b>Agency Use</b>
Payment Amount: _____
Mail Code: _____
Voucher No.: _____
Balance: _____