

# Mobile Device Reimbursement Policy

Date: [Insert Date]

To: [Employee Name]

From: [Manager/Supervisor Name]

Subject: Mobile Device Reimbursement Policy

Dear [Employee Name],

We are pleased to inform you about our Mobile Device Reimbursement Policy, designed to support employees in their work-related communication requirements. Below are the key points of this policy:

- Eligibility: All employees who use personal mobile devices for business purposes.
- Reimbursement Amount: Up to [\$Amount] per month for mobile device expenses.
- Required Documentation: Monthly bill statement must be submitted for reimbursement processing.
- Claim Submission: Claims should be submitted by the [Deadline] of each month.
- Approval Process: All claims will be reviewed and approved by [Designated Authority].

Please ensure that you adhere to this policy and submit your claims in a timely manner. Should you have any questions, feel free to reach out to [HR Contact Information].

Thank you for your cooperation.

Best Regards,

[Your Name]

[Your Job Title]

[Company Name]