

**Verizon Concession Telephone Service
Reimbursement Request (Out-of-Franchise)**

20-1589
10/04



Only applicable to employees of the regulated former Bell Atlantic Company

PLEASE READ INSTRUCTIONS ON THE NEXT PAGE PRIOR TO COMPLETING APPLICATION

Social Security Number:		Bill Month/Amount of Reimbursement:	
Employee Name (Last):	(First):	(Middle):	
Area:	Location:	Payroll Code:	

WFA AND CTRLR / PeopleSoft Paid Employee

	<u>Symbol</u>	<u>Code</u>	<u>Amount</u>
Independent Telephone Co. Bill Taxable	24A	24A	
Verizon Telephone Co. Bill Non-taxable	24C	24C	

IFAMS Paid Employee (Public and Operator Services)

	<u>Symbol</u>	<u>Code</u>	<u>Amount</u>
Independent Telephone Co. Bill Taxable	R3	24A	
Verizon Telephone Co. Bill Non-taxable	R5	24C	

Copies of the entire reimbursable bill pages must be attached to this form

I certify that the expense shown has been incurred by me and is reimbursable under the terms of the Verizon Concession Telephone Service Policy:

Employee Signature:	Work Tel No:	Date:	
Supervisory Approval:	Title:	Work Tel No:	Date:
Inputted By:	Pay Period:	Inputted Date:	

Submit completed and approved form to your Payroll Time Processor

Notice: Not For Use Or Disclosure Outside The Verizon Companies Except Under Written Agreement

Instructions For Preparing the Verizon Concession Telephone Service Reimbursement Request (Out-of-Franchise)

Completion of Form 20-1589 is required for reimbursement of out-of-franchise (OOF) concession telephone service. This reimbursement will be provided in your paycheck. OOF service means that the telephone service at your primary residence is provided by a Verizon company other than the company that issues your paycheck, or by an independent telephone company. This form will cover both taxable and non-taxable reimbursements. Services provided by a Verizon company are non-taxable; services provided by a company other than Verizon are taxable.

Employees

Please be sure to include the following information on the form:

- Your Social Security Number.
- The billing month reflected on the bill.
- The amount of reimbursement you are entitled to based on the Concession Telephone Service Policy.
- Your name, area, work location and payroll code.
- Circle the symbol and code that applies to the reimbursement you are requesting.
- The amount of your request in the space next to the code.

When you sign the form you are agreeing that you have reviewed your bill and correctly noted the amount to which you are entitled. You must submit the completed form and copies of your bill monthly. Only one (1) month retroactive payment is allowed.

REMEMBER: An entire copy of the reimbursable pages of the telephone bill for which you are requesting reimbursement must accompany this form. The bill that is submitted must be billed in your name.

Immediate Supervisor

You must review the request for accuracy and approve the form before the payroll process can be completed.

Payroll Time Reporter

Note your name or initials, the pay period and the input date.