ARTICLE XIV. APPENDICES

Section 1. Appendix A

A. Mileage Reimbursement Rate

The reimbursement rate for the use of a personal vehicle on Town business will reflect the latest Internal Revenue Service Standard Mileage Rate, as established from time to time. However, if the Standard Mileage Rate changes during a town fiscal year, the mileage rate change shall not take effect until the next budget year.

If a Town vehicle is available and the employee chooses to use their personal vehicle, the standard mileage rate will be reduced by 15 cents per mile. (Editor's Note: Adopted on February 8, 2005)

B. Per Diem Meal Allowance

The "per diem" meal allowance for out-of-town travel will be as follows:

Breakfast: \$7.00 Lunch \$15.00 Dinner \$20.00

Section 2. Appendix B

Cellular Telephone Agreement

As an employee subject to the Personnel Policies of the Town of Blowing Rock, I recognize and understand that reimbursement for mobile/cellular telephones are provided by the Town to employees in support of the business operations of the Town used for legitimate business purposes. I further understand that the telephone is my property and I am responsible for payment of the account.

I acknowledge and understand that certain information relating to the service, including name, mobile telephone number and monthly charge total may be released to the Town of Blowing Rock. Supporting information may be required to determine there is enough use to merit the issuance of a monthly stipend reimbursement for the telephone and to verify business usage. Also, I am aware that the stipend is subject to periodic review and may be discontinued if standards for use are not warranted or violations of the policy occur.

I am aware that I am solely responsible for good care of the telephone equipment, and payment of my mobile/cellular telephone bill.

I certify and acknowledge that I have read and understand the Town of Blowing Rock Cellular Telephone Policy regarding cellular telephone regulations; and I will comply with the regulations therein.

Printed Employee Name	Social Security Number
Signature of Employee	Date Signed
Signature of Town Manager	