

Business-Related Internet Reimbursement

This form is to be used for the authorization of business-related internet service reimbursement during voluntary hybrid work from home schedule. **This form must be submitted in Emburse expense for payment processing.**

PAYMENT INFORMATION				
Employee Name:			Red ID:	
Department:			Title/Position:	
Email Address:				
Period Covered: From:		То:		
Monthly Rate (A)	# of People in the Household (B)	Costs Eligible for Reimbursement (C = A/B)	% of Home Business Use (D)	Monthly Reimbursement (C x D = E)
Remote working days are based on a per week basis. Percent of Home Business Use: 5 days = 23.8% (100% remote) 4 days = 19% (80% remote) 3 days = 14.3% (60% remote)		No. of Months to be Reimbursed		(F)
2 days = 9.5% (40% remote) 1 day = 4.8% (20% remote)			Total Reimbursement	(E x F)
Additional Justification:				
The last internet service indicating that the invoicinternet reimbursement	ce is representative of t	· ·	•	

ALL SIGNATURE AUTHORITY APPROVALS WILL BE DONE THROUGH EMBURSE