

**SDSU RESEARCH FOUNDATION
BUSINESS-RELATED INTERNET REIMBURSEMENT FORM**

This form is to be used for the authorization and disbursement request for business-related internet service reimbursement during voluntary hybrid work from home schedule.

Employee Name:			Red ID:	
Department:			Title/Position:	
Employee Address:				
Email Address:				
Internet Provider*:			Claim Period	
Internet Service Plan:			From:	To:
Monthly Rate	No. of people in the household	Costs Eligible for Reimbursement	% of Home Business Use**	Monthly Reimbursement
Remote working days are based on a per week basis.				
**Percent of Home Business Use:				
23.8% if working 5 days remote		No. of Months to be Reimbursed		<input style="width: 100px; height: 20px;" type="text"/>
19.0% if working 4 days remote		Total Reimbursement		<input style="width: 100px; height: 20px;" type="text"/>
14.3% if working 3 days remote				
9.5% if working 2 days remote				
4.8% if working 1 day remote				
ACCOUNTING DISTRIBUTION				
Please indicate the fund number(s) to pay for wireless services. If charges are to be split, please indicate all fund numbers.				
FUND	ORG	ACCOUNT	PROG	OR \$ AMOUNT
TOTAL:				
Additional Justification:				

*Last internet service invoice must be attached to this request. By signing below, the employee is indicating that the invoice is representative of the basic service plan and that he/she does not already receive internet reimbursement on this plan from other sources.

Employee Signature:	Date:
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Approval required by employee's supervisor (one-up authority): By signing below, I attest that the work from home schedule referenced above was approved in the Hybrid Workforce Planning document.

Supervisor Signature:	Date:
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Approval to charge fund numbers indicated above:

Project Signature:	Date:
SDSURF Signature:	Date: