Texas Woman's University COVID-19 Internet Service Reimbursement Request

Employee				Date:
Name:		TWU ID:		
Title:		Department:		
Texas Woman's University approval and proof of new reimbursement does not	v established s	ervice fo	or the duration of the r	-
New Internet Service Reimbursement			(up to \$67)	
Effective Date				
End Date: Source Account:				
I hereby certify that I understand reimbursement for internet service is strictly for new internet service and only for the duration of remote work.	Printed Name	:		
	Signed:			
	Date:			
Provost or Vice President Authorization	Printed Name	:		
	Signed:			
	Date:			
Please submit the completed form to after the o		-	oayroll deadlines. Stipends a subsequent check.	for requests received
	To be complete	d by Pay	roll Office	
Payroll Office	Processed by:			
	Date:			