

PD Funds Committee

Claiming for Internet Services

(To be attached with the regular PD Funds Request form)

Name: _____

Department: _____

Service Provider: _____

Date Submitted: _____

Submit this form with your receipts. Please ensure that the monthly amounts reflect any reductions due to bundling.(You may have to contact your server to get the correct amount)

Month of SERVICE	AMOUNT	COMMENTS
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Total amount requested: _____