

BROADBAND TELEWORK REIMBURSEMENT FORM*

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

DOI/FWS/
Division of

CLAIMANT	2. NAME (last, first, middle initial)	3. OFFICE TELEPHONE NUMBER

4. EXPENDITURES

YEAR	20	AMOUNT	
		RESIDENTIAL BROADBAND COSTS	AMOUNT CLAIMED
JANUARY			
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

5. Telework Schedule	TOTALS		
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6. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE



DATE

ACCOUNTING CLASSIFICATION

FY
20

*Must attach FWS Form 3-2347 with supervisor certification to be valid.