

WORK FROM HOME EXPENSE REIMBURSEMENT REQUEST FORM

To be completed by employee and attached to the Concur expense report as the receipt.
Please select "**RO Reimbursement**" as the expense type in Concur.

Employee Name:

Employee Person Number:

Job title:

Department:

Business Purpose:

Employment Status (full-time 30-40 hours/week, or part-time less than 30 hours/week):

Work from Home expense reimbursement for [SELECT MONTH YEAR i.e January 2022]

Work from Home Status (full-time for \$50/month or part-time for \$30/month):

For questions, please refer to the Work from Home Reimbursement memo, see your supervisor or Business Manager.