

# TELECOMMUTING COMMUNICATION EXPENSE LOG

Employee Name

Department

Employee ID

Manager Name

Submission Date

Billing Period

| DATE                       | EXPENSE TYPE | PROVIDER | DESCRIPTION / PURPOSE | MONTHLY COST | BUSINESS % | CLAIM AMOUNT |
|----------------------------|--------------|----------|-----------------------|--------------|------------|--------------|
|                            |              |          |                       |              |            |              |
|                            |              |          |                       |              |            |              |
|                            |              |          |                       |              |            |              |
|                            |              |          |                       |              |            |              |
|                            |              |          |                       |              |            |              |
| Total Reimbursement Claim: |              |          |                       |              |            |              |

NOTES / REMARKS

Employee Signature Date

Approver Signature Date