WORKSPACE INTERNET & COMMUNICATION EXPENSE LOG

Office Telecommunications, Broadband, and Connectivity Tracking

Department / Cost Center:
Billing Period:
Prepared By:
Date Submitted:

Date	Service Provider	Description / Connection Type	Invoice Number	GL Account Code	Amount

Subtotal	
Tax / Fees	
Total Expense	

Notes / Explanations:

CLAIMANT SIGNATURE & DATE

AUTHORIZING MANAGER SIGNATURE & DATE