

SusQ-Cyber Charter School

Internet Reimbursement Request Form

Instructions: Complete this form and submit it along with copies of your internet service provider billing statements for the quarter that you are requesting reimbursement for. NOTE: Bills must be submitted for each month requested.

Forms and statements can be mailed to:

SusQ-Cyber Charter School
Attn: Internet Reimbursement
240 Market Street, Box 1A
Suite 15
Bloomburg, PA 17815

Student Information

First Name: _____ Last Name: _____

Internet Information

Term Requested: _____

Internet Service Provider: _____

Monthly Internet Cost: _____

Total Amount Requested: _____

Requestor Information (Where to send the check)

First Name: _____ Last Name: _____

Address: _____

City: _____ State: PA Zip Code: _____

Requestor's Signature _____

Date _____

To be completed by Technology Services ONLY:

Comment: _____

Technology Services Representative Signature _____

Date _____

CEO Signature _____

Date _____