

INTERNET REIMBURSEMENT FORM

Student ID #: _____ **Today's Date:** _____

Student's Full Name: _____

Name on Invoice: _____

(This person will receive the reimbursement amount and must match the name on the attached ISP invoice.)

Signature: _____

Address: _____

Home Phone #: _____

Which reimbursement period are you requesting (circle one):

Period 1 (Due to the office by January 15th)

Period 2 (Due to the office by June 15th)

Important Guidelines

- Please attach a bill from December (Period 1) or June (Period 2) that indicates your account is paid in full.
- Please verify that the appropriate invoice is attached based on the guidelines in the Internet Reimbursement Policy.
- **Reimbursement requests will be declined if requests are made past the deadline**, or as outlined in the Internet Reimbursement Policy.
- Reimbursement will be made to the name and address that appear on the invoice submitted. Exceptions to this procedure will require written authorization from the 21CCCS Student Support Manager.
- Reimbursement will only be made during the school year. 21CCCS does not reimburse for internet service over the summer months.

Send the completed form and attachments to the following address:

21st Century Cyber Charter School

1245 Wrights Lane

West Chester, PA 19380

Fax: 610-873-4534