

Computer Equipment Purchase Assistance Program Reimbursement Request Form

Instructions

How the program works

- You must be an active, regular employee regularly scheduled to work 30 or more hours per week and have completed at least six months of service in order to be eligible for the Computer Equipment Purchase Assistance Program at the time of purchase, request submission and payment of the reimbursement.
- If you are on leave of absence, you must wait until you return to active status to be eligible to purchase a PC and submit a reimbursement claim.
- You may purchase your computer from any computer supplier you choose.
- You may be reimbursed up to 20% of the cost of the following items, excluding sales tax, shipping, training courses, installation, service agreements, furniture, digital cameras, and monitors larger than 22":
 - a single personal computer unit or an upgrade of an existing personal computer unit;
 - peripheral accessories* (e.g. modem, printer, monitor, keyboard, mouse, scanner, speakers); and
 - up to six software packages, in addition to the standard software package on the equipment at the time of purchase.
- You are eligible for reimbursement once every three years, up to a maximum reimbursement of \$2,000. The three year period is determined using the current purchase date and the last claim payment date.
You must submit for reimbursement no later than March 15th of the following year that expenses were incurred.
- All purchases must occur in one 30-day period and must occur after you have at least six months of service.
Your reimbursement is taxable.

Please note: PC-related equipment such as digital cameras are not considered peripheral accessories. Please refer to the Policies section of HR Solutions online for complete program information.

How to apply for reimbursement

You must complete a Computer Equipment Purchase Assistance Program Reimbursement Request Form and submit the detailed receipt with the following supporting documentation for reimbursement:

1. **An itemized list of purchases from the supplier. Please note: if you order online from Dell, print the receipt with the itemized list or the claim will be delayed.**
2. **Proof of purchase or proof of financing (paid receipt from the supplier, credit card receipt, front and rear photocopies of check cleared by the bank, or copy of financing agreement).**
3. **Keep a copy of this form for your files.**
4. **Fax or mail the completed form along with supporting documentation to:**

Fax Number: 813-830-7900
Mailing Address: Acclaris Reimbursement Center
P.O. Box 25171
Lehigh Valley, PA 18002-5171

Forms that are incomplete or missing proper documentation will not be processed and will be denied. Questions should be directed to the Acclaris Reimbursement Center at 866-203-9358 (Monday-Friday excluding New York Stock Exchange holidays, between 8:00 a.m. and 8:00 p.m. Eastern Standard Time) or log onto the website at www.acclarisonline.com.

You will receive your reimbursement through your normal payroll distribution process (e.g. direct deposit).

Computer Equipment Purchase Assistance Program Reimbursement Request Form (continued)

About You

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Phone Number	Email Address	Date of Hire - <i>please enter</i>	SSN - <i>please enter</i>

Purchase Information

(Attach original receipts)

Type of Expense	Date of Purchase	Supplier	Model Number (if applicable)	Purchase Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL AMOUNT SUBMITTED \$

Signature

I acknowledge that the above information is accurate and that I maintain ownership of the purchased item(s). I understand that the reimbursement I receive from the company is taxable under IRS regulations and that I will be subject to appropriate withholdings. In the event of an overpayment, I hereby agree to promptly reimburse the Company for these amounts.

Employee Signature

Date