Office of the Dean of Academic Affairs
SLN Internet Reimbursement Form

Faculty Name:_____

Department:_____

Name and Course Code #:_____

_____

Please attach copies of the bills (receipts) not to exceed $50.00 per month.

Please submit after each session in the academic year.

Number of Months_____ X $_____ = $_____
(Per attached bills) (at monthly rate) Total

Payment in the Amount of: $_____

_____ Date:_____
Signature of the Instructor

_____ Date: _____
Signature of the Dean of Academic Affairs