

[Company Letterhead/Logo]

[Date]

[Employee Name]

[Employee ID]

[Department]

Subject: Home Office Setup and Ergonomic Allowance

Dear [Employee Name],

As part of our commitment to supporting your health and productivity while working remotely, [Company Name] is pleased to provide you with a one-time Home Office Setup and Ergonomic Allowance.

Allowance Details:

- **Amount:** [Amount, e.g., \$500.00]
- **Eligibility Date:** [Date]
- **Deadline for Purchase:** [Date]

Approved Items:

This allowance is intended for the purchase of ergonomic equipment, including but not limited to:

- Ergonomic office chairs
- Height-adjustable desks or desk converters
- External monitors and monitor arms
- Ergonomic keyboards and mice
- Footrests and wrist rests

Reimbursement Process:

1. Purchase the necessary equipment from a vendor of your choice.
2. Keep the original itemized receipts.
3. Submit a reimbursement claim via [System/Portal Name] no later than [Date].
4. Attach a copy of this letter and all relevant receipts to your claim.

Terms and Conditions:

- All equipment purchased remains the property of [Company Name/Employee].
- Employees are responsible for the assembly and maintenance of their home office equipment.
- This allowance is subject to applicable taxes as per local regulations.

If you have any questions regarding ergonomic best practices or the reimbursement process, please contact [Department/Contact Person] at [Email/Phone Number].

Sincerely,

[Signature]

[Name of Sender]

[Title]

[Company Name]