

Human Resources Department
600 South 43rd Street
Philadelphia, PA 19104

Print Clearly

Provide complete information

Keep a copy for your records

NAME (last, first, middle)	
SOCIAL SECURITY	
ADDRESS (street)	
CITY, STATE, ZIP	

Remember:

Eligible expenses must be incurred while you are participating in the Transit Expense Reimbursement Account program.

Reimbursement is limited to the balance in your account at the time the request is processed. The qualified limit for combined vanpooling and transit pass benefits is \$105 per month.

For more information on eligible expenses, or to change your contribution refer to information on the Commuter Benefit Program available from Human Resources.

In order for this request to be processed:

- Complete Transit Provider information below.
- Attach original receipts and/or original proofs of payment
- Sign and Date the form to certify

Transit Provider	Date of Service		Type of Transit Expense eg. tokens, transpass.	Reimbursement Amount Requested (\$105 per month maximum)
	From	To		
	Month Day Year	Month Day Year		
TOTAL:				

Please indicate the **Transit Provider**, eg SEPTA, NJ Transit, Amtrak etc Please indicate the type of expense eg. tokens, fare card, monthly transpass. **PROOF OF PAYMENT** must accompany this request for reimbursement, and can be original invoices, receipts or cancelled checks or a time sensitive transit pass.

Reimbursements:

- You must return your Request for Reimbursement Form to the Human Resources Department by the 5th of the month
- Your reimbursement check is typically disbursed to you on or about the 15th of the same month

I certify that this information is correct and that I have paid for the expenses listed above. I also certify that I have not been reimbursed from this account or from any other source for these expenses. I understand that reimbursed expenses cannot be claimed as deductions for income tax purposes.

Employee signature _____

Date _____

