



**Commuter's Expense Plan
Reimbursement Request**

Attached is documentation for transportation expenses that I have incurred for which I am requesting reimbursement.

	Expense #1	Expense #2	Expense #3
Date transportation service provided or paid			
Type of transportation expense (transit pass, commuter highway vehicle, bicycle or qualified parking)			
Total expense	\$	\$	\$

I certify that

- I have not, and to the best of my knowledge will not, receive reimbursement for these expenses from another source.
- I used the Transportation Benefit for which I am requesting reimbursement only for purposes of commuting to and from work at the Employer.

I understand that

- The reimbursement amount cannot exceed my actual expenditures as shown on the attached documentation.
- If this amount is greater than my Commuter's Expense Plan balance, my actual reimbursement will be reduced to the amount available for reimbursement.

Employee signature

Date