

**2026**

City of Hamilton  
Employees' Pre-Tax Transportation Program

**EXPENSE REIMBURSEMENT REQUEST**

Please type or print clearly, make a copy for your file and forward the original completed form to the address at the bottom of this form.

**PLEASE ATTACH DOCUMENTATION TO THE BACK OF THIS FORM.**

|            |           |                 |                       |
|------------|-----------|-----------------|-----------------------|
| FIRST NAME | LAST NAME | MAILING ADDRESS | CITY, STATE, ZIP CODE |
|            |           |                 |                       |

**Parking Expense Reimbursement Request**

Proof of expenses must be attached and include the date the expense was incurred. Enter the total dollar amount of qualified expense by month incurred for which receipts are attached. Alternatively, if a receipt is not readily available from a provider, you may list each single expenditure below.

**NOTE:** Parking expenses cannot be submitted for reimbursement prior to the month of use.

| Month (MM/YY) | Name of Parking Provider | Qualified Expense |
|---------------|--------------------------|-------------------|
| /             |                          | \$                |
| /             |                          | \$                |
| /             |                          | \$                |
| /             |                          | \$                |
| /             |                          | \$                |
| /             |                          | \$                |

You may not claim more than \$340.00 per month of qualified expenses

**Mass Transit Expense Reimbursement Request**

Proof of expenses must be attached and include the date the expense was incurred. Enter the total dollar amount of qualified expense by month incurred for which receipts are attached. Alternatively, if a receipt is not readily available from a provider, you may list each single expenditure below.

**NOTE:** *Parking expenses cannot be submitted for reimbursement prior to the month of use.*

| Month (MM/YY) | Type of Mass Transit / Transit Expense (Description) | Qualified Expense |
|---------------|--|-------------------|
| /             | /  | \$                |
| /             | /  | \$                |
| /             | /  | \$                |
| /             | /  | \$                |
| /             | /  | \$                |
| /             | /  | \$                |

You may not claim more than \$340.00 per month of qualified expenses

I certify that I am familiar with and understand the Program requirements contained in the employee materials; that the amount herein requested for reimbursement have actually been incurred by me as eligible Program expenses during the Program Year; and, that these expenses have not and will not be reimbursed to me in any other form, nor were they previously submitted for reimbursement under this or any other program. In addition, I have not claimed more than \$340.00 per month for qualified parking expenses and/or no more than \$340.00 per month for qualified mass transit expenses. If the combined total of the reimbursements you have received under this program, plus any subsidy or discount you have received for "qualified expenses" which have not been included in your taxable income, exceeds these monthly limitation(s), you must include the excess as taxable income on your tax return.

**PARTICIPANT SIGNATURE**

**DATE**

|                 |  |                              |
|-----------------|--|------------------------------|
| <b>MAIL TO:</b> | <b>City of Hamilton - Finance Department<br/>Attn: Payroll<br/>345 High Street – 1<sup>st</sup> Floor<br/>Hamilton, Ohio 45011</b> | <b>FOR OFFICE USE ONLY</b>   |
|                 |  | Date Received _____          |
|                 |  | Amount Reimbursed _____      |
|                 |  | Assigned Sub-Project # _____ |