

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

MAIL TO:
City of Hamilton - Finance Department
Attn: Payroll
345 High Street – 1st Floor
Hamilton, Ohio 45011

FOR OFFICE USE ONLY

Date Received _____

Amount Reimbursed _____

Assigned Sub-Project # _____