

2020

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.

Table with 4 columns: 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.

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

Table with 3 columns: Month (MM/YY), Name of Parking Provider, Qualified Expense

You may not claim more than \$270.00 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.

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

Table with 3 columns: Month (MM/YY), Type of Mass Transit / Transit Expense (Description), Qualified Expense

You may not claim more than \$270.00 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...

PARTICIPANT SIGNATURE DATE

MAIL TO: City of Hamilton - Finance Department Attn: Payroll 345 High Street - 5th Floor Hamilton, Ohio 45011 FOR OFFICE USE ONLY Date Received Amount Reimbursed Assigned Sub-Project #