

# Commuter Reimbursement Claim Form

Santa Rosa Junior College

Employer Name

Employee Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Social Security Number:

□□□-□□-□□□□

You may duplicate this form each month if your expenses are the same. In all cases, however, you must attach a copy of either your transit ticket, voucher, or a receipt. For vanpools, a receipt or statement of services is required.

## Expense Type

(Vanpool, Transit)

Period of Services

Amount Claimed

_____	_____	\$ □□□.□□
_____	_____	\$ □□□.□□
_____	_____	\$ □□□.□□
	<b>TOTAL</b>	\$ □□□.□□

Vanpool License Number \_\_\_\_\_

I certify that the amount requested is accurate and the attached documentation represents my commuter expenses for the period of services outlined. I understand that I may not claim duplicate expenses from another commuter reimbursement plan.

Employee Signature: \_\_\_\_\_

**INSTRUCTION:** Please fax your completed claim form to **(415) 878-0269**

**QUESTIONS?** Contact Payroll Department for more information