



## EMPLOYEE TRANSPORTATION BENEFIT PROGRAM

### PARKING REIMBURSEMENT

NOTE: You must fill out one form PER MONTH for each month that you are requesting reimbursement for, and the receipts for THAT MONTH ONLY must be attached. Due date for submission is 90 days from date of expense.

**Name:** \_\_\_\_\_ **Month:** \_\_\_\_\_

**Dept:** \_\_\_\_\_

If you have parking expenses only, or parking expenses in addition to your ORCA Passport, please fill out the section below:

	I have attached receipts for my monthly parking expenses	\$ _____
	Do you currently have an ORCA Passport? (Please circle one) If yes, parking receipts may only be applied towards pre-tax earnings)	<b>Yes</b> or <b>No</b>
	CHPW subsidy toward monthly cost of transportation expenses:	\$ 115.00

### SECTION BELOW IS FOR HR / FINANCE USE ONLY

	<b>Amount to be reimbursed</b> (not to exceed \$115)	\$ _____
	<b>Parking expenses exceeding \$115 subsidy to be reimbursed as a pre-tax earning/deduction (total cannot exceed \$315)</b>	\$ _____

*I have used these transportation expenses for my regular daily direct commute from home to work and return. I request reimbursement of my transportation expenses through the CHPW transportation subsidy up to \$115 and authorize pre-tax deduction/reimbursement of my expenses that exceed the subsidy amount up to the pre-tax limit of \$315 per month.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Qualified transportation benefits are governed by 26 USC Section 132(f)

Tax exempt and pre-tax limits are set by the IRS

Including the CHPW tax exempt subsidy, pre-tax parking expenses are not to exceed \$300 per month

HR Date Processed \_\_\_\_\_

Payroll Date Processed \_\_\_\_\_