

ROBERT MORRIS UNIVERSITY
QUALIFIED TRANSPORTATION EXPENSE
REIMBURSEMENT PROGRAM

CLAIM FORM FOR 2017

Name: _____

Address: _____

Qualified Parking Expenses (Must attach documentation of expense)

I hereby request reimbursement from my qualified parking expense account for the following qualified expenses:

Date or range of dates of expense: _____

Parking location (s): _____

Total amount of expense: _____

Mass Transportation Expenses (Must attach documentation of expense)

I hereby request reimbursement from my mass transportation expense account for the following qualified expenses:

Date or range of dates of expense: _____

Mass transportation provider: _____

Total amount of expense: _____

I hereby certify that I incurred the above expenses while commuting to work during the period of January 1, 2017 and December 31, 2017 and that they are not eligible for reimbursement under any other source.

Employee Signature

Date

Submit form to Payroll, Revere Center