

ROBERT MORRIS UNIVERSITY  
QUALIFIED TRANSPORTATION EXPENSE  
REIMBURSEMENT PROGRAM

CLAIM FORM FOR 2018

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, 2018 and December 31, 2018 and that they are not eligible for reimbursement under any other source.

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

\_\_\_\_\_  
Date

Submit form to Payroll, Revere Center