



Qualified Transportation Expense Reimbursement Program Enrollment Form

Section A – Employee Information

Last Name		First Name	
Street	City	State	Zip
Phone		Email	

Section B – Benefit Election

I hereby elect to participate in the Qualified Transportation Expense Reimbursement Program as follows:

	Program	Amount
	Qualified Parking Expense Account	\$_____ (at least \$5, not to exceed \$255)
	Mass Transportation Expense Account	\$_____ (at least \$5, not to exceed \$255)

Section C – Employee Certification

I hereby authorize Robert Morris University to deduct the amount indicated on this Enrollment Form from my pay. I understand that this election will remain in effect from January 1, 2017 through December 31, 2017. I understand that this election will reduce my pay for Federal income tax purposes in order to pay for the benefits that I have elected by signing and submitting this Qualified Transportation Expense Reimbursement Program Enrollment Form.	
Employee signature	Date

Forms should be submitted to Benefits Department – Revere Center.