

**ROBERT MORRIS UNIVERSITY
QUALIFIED TRANSPORTATION EXPENSE
REIMBURSEMENT PROGRAM**

CLAIM FORM FOR 2011

Name:

Last

First

Middle Initial

Address:



Qualified Parking Expenses (Must attach documentation of expense)

I hereby request reimbursement from my qualified parking expense account of the following expenses which qualify for reimbursement under the Program:

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 expenses which qualify for reimbursement under the Program:

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 through December 31, 2011, and that they are not eligible for reimbursement under any other source.

Employee signature

Date

Forms should be submitted to Janet Oellig, Payroll, Revere 3rd Floor, for reimbursement.