



# SMITH COLLEGE

## Transit Reimbursement Request Form

Please return completed form with attached copy of monthly or weekly transit pass receipt to Human Resources, 30 Belmont Avenue. Please call x2273 if you have any questions regarding this policy.

### Employee/Payment Request Information

Employee Name: \_\_\_\_\_

Smith ID Number: \_\_\_\_\_ Department: \_\_\_\_\_

Bus Route	Pass Amount	Employee Amount Requested (50% of pass Amount)	Human Resources Amount Approved
	\$		\$

Dates of Transit Pass: From: \_\_\_\_\_ To: \_\_\_\_\_

### Employee Certification

***Employee Certification and Signature:***

I certify that I have read, understood and intend to comply with Smith College’s Transit Subsidy policy. I have attached a copy of my monthly or weekly transit pass receipt.

<i>Employee Signature</i>	<i>Date</i>
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<i>Human Resources’ Signature</i>	<i>Date</i>
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### Human Resources Processing Use Only

<input type="checkbox"/> Approved	Reimbursement processed in BW <input type="checkbox"/>	<input type="checkbox"/> Receipt attached
<input type="checkbox"/> Returned	Reason Returned:	