



Parking & Transportation

4400 University Drive, MS 1J6, Fairfax, Virginia 22030  
 Phone: 703-993-9530; Fax: 703-993-8575

## Commonwealth Commuter Choice Request for Monthly Benefit

Claims received by noon on the 12<sup>th</sup> of each month (or the preceding Thursday by noon, if the 12<sup>th</sup> falls on Friday, Saturday, or Sunday) will be processed for receipt on the 1<sup>st</sup> of the following month.

Employee Name		G#	
<i>SmarTrip</i> <sup>®</sup> Card Number			

Dates of Service (from/to) NEXT MONTH	Reimbursement Amount Requested	Vendor (note – Metrorail and Metrobus will be transferred to <i>SmarTrip</i> <sup>®</sup> cards)

**Total Amount:**

- I certify that I am a full time state employee and that I am eligible for a public transportation fare benefit. I will use it for my daily commute to and from work, and will not transfer it to anyone else. I certify that the monthly transit benefit I am receiving does not exceed my monthly commuting costs.
  
- I certify that these expenses for which reimbursement is claimed have been incurred by me and are not payable by any other plan and will not be deducted on my federal, state, or local income tax returns.

<b>Signature</b>	<b>Date</b>