



Parking & Transportation

4400 University Drive, MS 1J6, Fairfax, Virginia 22030  
 Phone: 703-993-2828; 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#	
SmarTrip® Card Number		Email Address	
Office Phone Number			

Is this a new Smart Trip Card Number?    Yes    No

Dates of Service (from/to) NEXT MONTH	Benefit Amount Requested <small>(Please round up to nearest whole number. Example: \$123.60 becomes \$124)</small>	Vendor (e.g. Metro, Amtrak, etc.)

**Total Amount:**

- I certify that I am a full time state employee at George Mason University 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 understand that the maximum monthly benefit amount is \$130.** I certify that the monthly transit benefit I am receiving cannot exceed the allowed \$130 amount and 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.

<b>Signature (original signature required)</b>	<b>Date</b>