



Parking & Transportation

4400 University Drive, MS 1J6, Fairfax, Virginia 22030
 Phone: 703-993-2828; Fax: 703-993-8575
transpo@gmu.edu transportation.gmu.edu

Commonwealth Commuter Choice Request for Monthly Benefit

Claims received by the 10th of each month (or the preceding Thursday, if the 10 falls on Friday, Saturday, or Sunday) will be processed for receipt on the 1st 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 (Please round up to nearest whole number) Example: \$123.60 becomes \$124) | Vendor (e.g. Metro, Amtrak, etc.) |
|---|--|--------------------------------------|
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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 \$255.** I certify that the monthly transit benefit I am receiving cannot exceed the allowed \$255 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.

| | |
|-----------|------|
| Signature | Date |
| | |