



Parking and Transportation

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Commonwealth Commuter Choice
Employee Enrollment Form

Table with 4 columns: Employee Name, G#, SmarTrip Card Number, Email Address, Office Phone Number.

I hereby enroll for a monthly transportation fringe benefit, not to exceed the amount of \$255 per month, from the Commonwealth of Virginia under the Commonwealth Commuter Choice program.

I understand that I must request the benefit by the 10th of each month in order to receive Smart Trip Benefits or Smart Benefit Vouchers for the subsequent month.

I hereby certify that I will be using this benefit exclusively for my own regular daily direct commute from home to work and return. I will not give, barter, exchange, convey, or otherwise transfer this benefit to any other person.

I further certify that the monthly benefit that I will be receiving does not exceed my average monthly commuting costs by public transportation or eligible vanpool, excluding any parking costs, based on the average number of workdays I commute in the average month.

I further certify that I am not presently receiving any benefit under the Commonwealth Commuter Choice program or any other similar transportation fringe benefit from any other agency, department, or division of the Commonwealth of Virginia, unless that is disclosed at the bottom of this form.

I understand and agree that providing false information on this application is a serious matter that could result in disciplinary action being taken by my agency or the Commonwealth of Virginia, up to and including dismissal from my employment, and may subject me to criminal prosecution under state or federal law.

Signature and Date fields

Other state agencies from which I am receiving transportation fringe benefits, excluding parking benefits, and the amount: