



Parking & Transportation

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## Commonwealth Commuter Choice Request for Monthly Benefit

Claims received by the 10<sup>th</sup> of each month (or the preceding Thursday, if the 10 falls on Friday, Saturday, or Sunday) will be processed for receipt on the 1<sup>st</sup> of the following month.

<b>Employee Name</b>		<b>G#</b>	
<b>SmarTrip® Card Number</b>		<b>Email Address</b>	
<b>Office Phone Number</b>			

Is this a new Smart Trip Card Number? Yes No

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

**Total Amount:**

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- 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 \$260.** I certify that the monthly transit benefit I am receiving cannot exceed the allowed \$260 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</b>	<b>Date</b>