ASSOCIATED UNIVERSITIES, INC.
COMMUTER & PARKING BENEFIT REIMBURSEMENT PROGRAM
Claim Form

INSTRUCTIONS

- A complete claim form must be included with each submission for reimbursement.
- Sign and date the claim form in the area provided. Electronic signatures are acceptable.
- Attach a copy of van pool, parking, or transit passes, bills, receipts, etc. showing the date the expense was incurred for which you are requesting reimbursement.
- Receipts/proof of payment will not be returned to you – copies can be sent, or make copies for your records.
- Payment will not exceed the amount of accumulated funds in your account.
- Payment will not exceed the maximum monthly benefit amount (IRS determined).
- Claim forms must be sent to the Benefits Office in Charlottesville. Faxed, mailed or emailed copies are acceptable, as long as they are legible.

CLAIM INFORMATION

EMPLOYEE NAME: _____
Last First M.I.

EMPLOYEE #: _____

WORK ADDRESS: _____

I request reimbursement for the following commuter expenses. I certify I have incurred these expenses and that the information provided is true and correct.

Transit services: $_____ for services during _____
Max $280 per month *Month, Year*

Parking expense: $_____ for services during _____
Max $280 per month *Month, Year*

_____ _____ _____
Signature Employee # Date

OFFICE USE ONLY

Amount Approved for payment: _____ Account Number: _____
Subject to Balance in Account
Cannot exceed monthly IRS limit

Authorized H.R. Representative: _____ Date: _____

11/2021