



SMITH COLLEGE

Transit Reimbursement Request Form

Please return completed form with attached copy of monthly transit pass receipt to Human Resources, 30 Belmont Avenue. Please call x2273 if you have any questions regarding this policy.

Employee/Payment Request Information

Employee Name: _____

Smith ID Number: _____ Department: _____

| Bus Route | Pass Amount | Employee Amount Requested (50% of pass Amount) | Human Resources Amount Approved |
|-----------|-------------|--|---------------------------------|
| | \$ | | \$ |

Dates of Transit Pass: From: _____ To: _____

Employee Certification

Employee Certification and Signature:

I certify that I have read, understood and intend to comply with Smith College’s Transit Subsidy policy. I have attached a copy of my monthly transit pass receipt.

| | | |
|------------------------------------|--|----------------------|
| _____ <i>Employee Signature</i> | | _____ <i>Date</i> |
|------------------------------------|--|----------------------|

| | | |
|--|--|----------------------|
| _____ <i>Human Resources’ Signature</i> | | _____ <i>Date</i> |
|--|--|----------------------|

Human Resources Processing Use Only

| | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Approved | Reimbursement processed in BW <input type="checkbox"/> | <input type="checkbox"/> Receipt attached |
| <input type="checkbox"/> Returned | Reason Returned: | |