

**Santa Rosa Junior College
Commuter Benefits Program
Reimbursement Request**

Name: _____

Employee ID Number: _____

Month Requesting Reimbursement for: _____ Fiscal Year: _____

Amount: _____
(maximum: \$75)

Transit Provider:

Sonoma County Transit

Petaluma Transit

Santa Rosa City Bus

Other

Average Number of Single Occupant Vehicle Trips Reduced Per Month _____

Average Reduced Number of Vehicle Miles Traveled per Trip _____

Business Services Approval _____

Budget Code: 39-00-40-1420-6950-5230.00

Please attach a copy of your bus pass(es) and your original receipt to this form and submit to the Accounting Office for reimbursement.

The entire form must be completed to be eligible for reimbursement.