

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 receipt to this form and submit to the Accounting Office for reimbursement.

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