



**CITY OF LOS ANGELES
EMPLOYEE TRANSIT SUBSIDY REIMBURSEMENT**

**Submit to:
Personnel Department/Employee Benefits Division
City Hall, Mail Stop 621
200 North Spring Street Room 867
Los Angeles CA 90012**

(Fill in and print out this form. Submit this form with your original signature and proof (s) of transit.)

NOTE: Staple attachments to the BACK of this form.

EMPLOYEE INFORMATION - ALL SPACES MUST BE COMPLETED

Last Name	First Name	Middle Initial
Employee ID Number - Required	Work Telephone	Mail Stop - Required
Classification (Class Title)		Class Code
Department Name		Department Number
Work Address (Number, Street and Zip or City Building and Room Number)		
Home Address (Number, Street, City and Zip)		

REIMBURSEMENT REQUEST

The attached was purchased by me, exclusively for my personal use, for commuting to and from work during the
 month of _____ and the year of _____.

Transit Operator (MTA, Metrolink, Foothill Transit, etc.)

Exact Amount Paid	Have you attached the acceptable documentation? Refer to #7 of the Reimbursement Rules and Procedures on the reverse of this form for types of acceptable documentation. Yes <input type="checkbox"/> No <input type="checkbox"/>
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Do you have a City individual or carpool parking permit, mileage permit, or are you a member of a City Vanpool? _____
 Do you have a WageWorks Transit Spending Account? _____
 If **YES to one of the above**, you are not eligible to receive employee transit subsidy reimbursement.

Employee Signature Required - <i>Original Only (signature verifies that you have read and agree to abide by the rules and policies of this program).</i>	Date
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FOR INFORMATION ABOUT THE TRANSIT SUBSIDY REIMBURSEMENT PROGRAM OR OTHER COMMUTE OPTIONS AVAILABLE TO CITY EMPLOYEES, PLEASE CALL THE COMMUTE OPTIONS AND PARKING STAFF AT (213) 978-1634.

**PLEASE STAPLE ORIGINAL PROOF OF TRANSIT RIDERSHIP TO THE BACK OF THIS FORM
PLEASE DO NOT PAPERCLIP OR TAPE ATTACHMENTS TO THIS FORM**