TRANSIT PASS REIMBURSEMENT REQUEST

Public Transportation Expense Template

EMPLOYEE INFORMATION

Employee Name

Employee ID

Department

Job Title

Email Address

Supervisor / Manager Name

TRANSIT PASS DETAILS

Transit Authority / Agency Name

Pass Type (e.g., Monthly Subway, Weekly Bus, Commuter Rail)

Pass / Card Serial Number

Coverage Period (Month / Year)

EXPENSE SUMMARY

Description	Amount ($)
Transit Pass Cost	
Other Associated Public Transit Fees (if applicable)	
Total Requested Reimbursement	

REQUIRED DOCUMENTATION CHECKLIST

- [ ] Original purchase receipt or credit card statement showing payment
- [ ] Copy of the transit pass (front and back) or digital ticket confirmation

EMPLOYEE SIGNATURE

Date

MANAGER / APPROVER SIGNATURE

Date