Transit Qualified Parking Salary Reduction

Name	Mark selection	
(Please print)	New	
Circle Location: IL / DC / CT / PA	Change	
	rify HR by the 6th of the month for the following month's benefit.	
opportunity to save by reducing taxable income. I dollars to pay for the cost of your commute to wor incur as part of your commute to work. If you use	olan, is an IRS regulated program that offers employees the By participating in the Transit Benefit you use pre-taxed rk. ALA offers this program for Transit or Parking costs you e mass transit and pay for parking at a park-and-ride facility, sceed the limits. Maximums are \$280/month for the mass	
Park and Ride.		
The parking must be at or near place of work and / or r have payroll deductions made and their funds are to be		
for incurred expense directly to accounts payable. Part	ith copies of paid receipts with reimbursement form within 90 days icipants may receive reimbursements up to the total monthly claim for that month. The receipts of paid parking services must be and participating in the plan.	
	n the plan will also end. Any remaining balance in the account can nination date. Funds must be available in the account to be	
IRS sets limits allowed to spend in any given month. Your spouse or dependent's commuter expenses are no benefit cannot be resubmitted through an income tax re	ot eligible for reimbursement. Expenses submitted through this eturn.	
*Please note that IRS regulations do not permit reimbursements for expenses older than <u>180 days</u> from the time at which the expense was incurred.		
(initial) To cancel or change participation notify HR [by the 6th of the month for the following month's benefit.	
Participation effective date	Monthly Benefit Election (monthly \$280 maximum)	
Signature	Date	

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QUALIFIED PARKING REIMBURSEMENT FORM & Pennsylvania Transit Reimbursement

DIRECTIONS

- 1. Complete the request form below. Please print clearly.
- 2. Attach your parking receipt(s) to this form.
- 3. Send your form and receipt(s) to Accounts Payable at ALA headquarters, Chicago, IL 60601.

Reimbursements received by the 30th will be issued by the 15th of the following month.

EMPLOYEE INFORMATION

NAME		_ LOCATION
For the Month of		
Date	Amount Paid	Reimbursement Amount
	\$	\$
	\$	\$
	\$	\$
	Reimbursement Total	\$
Signature		Date

^{**} Reimbursements will be done for up to 90 days prior to date of request, any amounts prior to that are forfeit.