

American Library Association

Transit Form – PA Salary Reduction

Name _____
(Please print)

Participation effective date _____

Mark
selection

	New
	Change

Enrollments or Changes must be received by HR **before the 6th of the month** to take effect the following month, e.g. form submitted by January 5th will be effective February 1st. **Pennsylvania participants will get a reimbursement after submitting receipts.**

Mass Transit & Parking Programs

Commonly referred to as a commuter or parking plan, is an IRS regulated program that offers employees the opportunity to save by reducing taxable income. By participating in the Transit Benefit you use pre-taxed dollars to pay for the cost of your commute to work. ALA offers this program for Transit or Parking costs you incur as part of your commute to work. If you use mass transit and pay for parking at a park-and-ride facility, both expenses are eligible as long as you do not exceed the limits. **Maximums are \$300/month for the mass transit and \$300/month for park-and-ride.**

Mass Transit Program

The Mass Transit Program allows maximum of up to **\$300 a month for commuter**-related mass transit expenses to be paid for on a pre-tax basis and used in that month of the benefit. Savings comes from pretax deduction advantage.

Pennsylvania participants will make contributions to their transit account via payroll deductions and will **receive a reimbursement of the transit expenses by submitting reimbursement form with copies of paid receipts for the transit expenses paid for that month to accounts payable.** Participants may receive reimbursements up to the total monthly amount contributed in the account when they submit a claim for that month. The receipts of amount paid to transit system must be incurred within the month the benefits were deducted for the month and while the participant is an eligible employee and participating in the plan.

If a participant terminates employment, participation in the plan will also end. Any remaining balance in the account can be claimed with receipts for the period prior to the termination date. Funds must be available in the account to be reimbursed.

IRS sets limits allowed to spend in any given month. Your spouse or dependent's commuter expenses are not eligible for reimbursement. Expenses submitted through this benefit cannot be resubmitted through an income tax return.

*Please note that IRS regulations do not permit reimbursements for expenses older than 180 days 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.

(\$10 minimum and \$300 maximum)

Effective date start: _____	Mass Transit Sys _____
Monthly Amount Want \$ _____ (will be deducted from payroll in month of benefit)	ID # _____

_____ (initial) I understand that I will need to submit receipts with a reimbursement request to get my transit reimbursements

_____ (initial) I understand that in compliance with IRS rules: unused pre-tax balance remaining on the account at termination / end of participation **are forfeit and cannot be refunded.**

_____ (initial) To cancel or change participation notify HR **by the 6th of the month according to the schedule above.**

_____ Signature	_____ Date
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Reimbursements will be done for up to 90 days prior to date of request, any amounts prior to that are forfeit.

SEE NEXT PAGE TO APPLY FOR REIMBURSEMENT

AMERICAN LIBRARY ASSOCIATION
QUALIFIED PARKING REIMBURSEMENT FORM
& Pennsylvania Transit Reimbursement

DIRECTIONS to request reimbursement

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, Chicago, IL 60601.

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

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

EMPLOYEE INFORMATION

NAME _____ (print) _____ Location _____

For the Month of _____

Date	Amount Paid	Reimbursement Request
Reimbursement Request Total		

Signature _____ Date _____

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