

# Public Transit Reimbursement Authorization Form

Employee Name

Employee ID

Department

Date Submitted

Date	Transit Provider	Route / Line	Description	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Amount

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager/Supervisor Authorization

\_\_\_\_\_  
Date

Attach all relevant receipts.