Menlo Park City School District
181 Encinal Avenue
Atherton, CA 94027
Bus: 650-321-7140 & Fax: 650-328-1275

A/P USE ONLY
Employee #
PV #
CHARGE TO A/C#

PUBLIC TRANSIT OR VANPOOL REIMBURSEMENT FORM

EMPLOYEE NAME:_____

FOR PERIOD :_____ **TO :**_____
mm/dd/yy mm/dd/yy

Directions : Travel from home to "normal work stie" and from "normal work site" to home via public transit or vanpool is reimburseable at the full cost of fare up to $75/month. "Normal work site" is defined as your assigned office location. Receipts must be attached to verify claims. Monthly fare purchase or individual date receipt are acceptable.

DATE	FROM (Location)	TO (Location)	BRIEF DESCRIPTION OF PURPOSE	TRANSIT TYPE	FARE
				TOTAL FARE	

I HEREBY CERTIFY that the above is a correct statement of the actual transit used and fares paid on my workdays for Menlo Park City School District.

Employee Signature: _____ **Date:** _____

Supervisor Name: _____

Supervisor Signature: _____ **Date:** _____

Maximum reimbursement up to $75 per month.

TOTAL DUE: = _____