



**COMMUTER CHOICE PLAN
PARKING AND TRANSIT REIMBURSEMENT FORM**

Employee's Name: _____

Employee Number: _____

Department: _____

Work Phone: _____

*Polk County Auditor's Office
Central Accounting Division
111 Court Avenue, Room 310
Des Moines, Iowa 50309*

Please complete the bottom portion of this form, sign and return along with receipts to:

1. Attach an itemized transit or parking receipt (which you should obtain from the provider of the service), to this form or Attach a copy of your current parking lease. Monthly reimbursements will automatically be made to you based on the lease terms until the lease expires.
2. Sign and date the certification listed below.
3. Reimbursement is for any expenses previously incurred. You may not submit a reimbursement form for any future expenses.
4. Only one reimbursement form may be submitted to Central Accounting each month.

Dates of Service		Description of Expense			Reimbursement Amount Requested	
Beginning MM/DD/YY	Ending MM/DD/YY	Name of Service Provider	Type of Expense Incurred Check Appropriate Box			
			Parking	DART Bus		Meter
TOTAL						

CERTIFICATION: I, the undersigned, request reimbursement for the eligible parking and transit expenses listed above. I certify these are work-related expenses eligible for reimbursement under the County's Commuter Choice Plan. The expenses listed above have been incurred by me and have not been reimbursed by the County or any other organization.

EMPLOYEE SIGNATURE: _____

DATE: _____