INDIANA UNIVERSITY
HUMAN RESOURCES

PRE-TAX COMMUTING
EXPENSE CLAIM FORM

To be eligible for this pre-tax benefit, you must:

- be an IU employee during the indicated quarter; and
- be receiving salary payments following the processing of this claim.

• Complete a separate form for expenses during each calendar quarter.

• Claims must be filed within 90 days of the quarter in which travel occurred.

Please Print:

Name: _____ **Employee ID#:** _____
Last First M.I.

Daytime Telephone #: (_____) _____ – _____ **E-mail Address:** _____

For the Quarter Ending (check one):

Jan 1 - Mar 31 ☐ Apr 1 - Jun 30 ☐ Jul 1 - Sept 30 ☐ Oct 1 - Dec 31 ☐

Summarize qualified mass transit expenses for the quarter that is indicated above:

DATE	AMOUNT
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
TOTAL:	$0.00

PLEASE NOTE THE FOLLOWING:

- Receipts must reflect the transit system name and date(s) of travel, and should be included for every amount listed at left. Dates of travel must fall within the quarter indicated above.
- When claims are approved , a pre-tax credit amount should appear on your next paycheck. **Retain a copy of the claim form and all receipts.**
- **Submit this completed claim form and *original receipts* to:**

  IU Human Resources, ATTN: Customer Care
  400 E. Seventh Street, Poplars E165
  Bloomington, IN 47405-3085

- For additional information, visit the IU Human Resources Web site at **hr.iu.edu**

I certify that the information that I have provided in this document is true and that all mass transit expense receipts that I have submitted are for travel to and from work at Indiana University during the quarter indicated.

Employee Signature: _____ **Date:** _____ / _____ / _____

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