



County of San Bernardino

Bike to Work Expense Reimbursement Request

This form is to request reimbursement for bicycle commuting expenses under the County of San Bernardino Bike to Work Expense Reimbursement Policy [Policy]. A full description of the terms of this benefit, the expenses that qualify for reimbursement under this benefit, and the maximum annual reimbursement limits may be found in the Policy. Reimbursement requests and all required supporting documentation must be submitted between January 1 and March 31 after the year in which the expenses are incurred.

Instructions

For each expense listed below, you must attach a receipt, invoice, or other statement from an independent third party showing the item purchased, the date the expense was incurred, the amount of the expense and proof of payment. Reimbursement of an expense will be denied if supporting documentation is not timely submitted.

The sum of all reimbursements for a calendar year may not exceed \$240. Your annual limit will depend on the number of months in which you used a bicycle to commute to work at least ten (10) days. Please note: months in which you received benefits under another Transportation Fringe Benefit are not considered eligible months for reimbursement under this benefit.

First Name		Last Name		Employee ID#
Mailing Address			City	Zip Code
Department	Interoffice Mail Code	Work Phone	E-Mail Address	

Bicycle Commute Expense Information

Date Purchased	Purchased From	Description	Amount
Total amount requested			\$

Certification

I certify that I have received and read the County of San Bernardino Bike to Work Expense Reimbursement Policy and the bicycle commuting expenses, for which I am seeking reimbursement, are my own. I understand that only qualified expenses will be reimbursed and Human Resources – Commuter Services (HR-CS), in its sole discretion, has the authority to determine whether this requirement is met. I understand that HR-CS does not make any commitment or guarantee that amounts paid to me under the Policy will be excludable from my income for federal, state, or local tax purposes. I further certify that the information provided on this form is correct and complete.

Signature

Date