

BICYCLE COMMUTER REIMBURSEMENT REQUEST

BY SIGNING BELOW, I PLEDGE THAT I HAVE READ THE BICYCLE COMMUTER REIMBURSEMENT GUIDELINES AND HAVE RIDDEN MY BICYCLE TO AND FROM WORK A MINIMUM OF 12 DAYS DURING _____ (MONTH/YEAR). I HAVE INCLUDED RECEIPTS FOR QUALIFIED BICYCLE EXPENSES WHICH INCLUDE THE PURCHASE OF A BICYCLE, BICYCLE IMPROVEMENTS, REPAIRS AND STORAGE.

PLEASE CIRCLE THE DAYS BELOW FOR WHICH YOU HAVE RIDDEN YOUR BICYCLE TO WORK (MINIMUM OF 12 REQUIRED FOR REIMBURSEMENT):

1	2	3	4	5	6	7	8	9	10	11	12	13
14	15	16	17	18	19	20	21	22	23	24	25	26
27	28	29	30	31								

SIGNATURE	DATE	PRINT NAME
Z#	DEPARTMENT	

**PLEASE RETURN THE COMPLETED COPY OF THIS FORM VIA EMAIL (PAYROLL@STOCKTON.ED) (609.626.5573), OR HAND DELIVER TO THE PAYROLL OFFICE AT V r11 .

OFFICER ONLY

Payin PP#: _____ Amount to be paid: _____

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Office, E r í ð
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Galloway, NJ 08205
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