**Monthly Metro Reimbursement**

**SUBMIT AT END OF MONTH**

Name: \_\_\_\_\_Richard Medina\_\_\_\_\_\_\_\_\_ Month: \_\_\_\_February\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_Research\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_202-478-9498\_\_\_\_\_\_\_\_

Social Security Number: \_\_\_\_\_\_138-92-1010\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Mailing Address (While in DC):

\_\_4004 Illinois Ave NW, Washington, DC 20011\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Mailing Address:

\_\_\_\_same as above\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Station Departing/Returning to: \_\_\_\_\_\_\_Georgia Ave/Petworth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Station Entering/Returning from: \_\_\_\_\_\_Capitol South\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daily Fare (Roundtrip): \_\_\_\_\_\_\_$5.10\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Days worked in Month: \_\_\_\_\_\_\_\_\_\_\_\_\_17\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Total: \_\_\_\_\_\_\_\_$81.60\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Please provide a detailed list of all days worked along with exact travel charges for any other work related metro charges along with this form.\*\*

\*\*Please note that the DCCC only reimburses up to $120.00 per month.\*\*

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Official Use Only:

Date Request Received: \_\_\_\_\_\_ Date Ck Request Submitted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_