**Monthly Metro Reimbursement**

**SUBMIT AT END OF MONTH**

Name: \_\_\_\_Rich Medina\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month: \_\_\_\_\_\_\_January\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

\_\_\_295 Lake Street, Upper Saddle River, NJ 07458\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Station Departing/Returning to: \_\_\_\_\_Shady Grove/Vienna\_\_\_\_\_\_\_\_\_\_\_

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

Daily Fare (Roundtrip): \_\_\_\_\_\_\_\_\_$11.50\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Days worked in Month: \_\_\_\_\_\_\_9\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly Total: \_\_\_\_\_\_\_\_\_$91.70\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_