

TransitBenefit Program
**Premium TransitChek MetroCard
Reimbursement Request**

SUBMIT COMPLETED FORM TO:
Office of Payroll Administration
TransitBenefit Unit
One Centre Street, Room 200N
New York, NY 10007

FAX COMPLETED FORM TO:
(212) 669-4383

www.NYC.gov/payroll

EMPLOYEE SECTION

<i>EMPLOYEE IDENTIFICATION</i>	FIRST NAME	MI	LAST NAME
	<input type="text"/> <input type="text"/> <input type="text"/>		
	EMPLOYEE REFERENCE #	DAY PHONE #	
<input type="text"/>		<input type="text"/> <input type="text"/>	
AGENCY NAME			
<input type="text"/>			

<i>MAILING ADDRESS</i>	STREET ADDRESS		INCLUDE: APT#, FL# OR BOX# IF APPLICABLE.	
	<input type="text"/>			
	STREET ADDRESS CONTINUATION			
<input type="text"/>				
CITY		STATE	ZIP CODE + 4	
<input type="text"/>		<input type="text"/>	<input type="text"/> <input type="text"/>	

REIMBURSEMENT REQUEST

I understand that the City of New York Office of Payroll Administration will only issue a refund of TransitBenefit deductions that exceed payments to TransitCenter, Inc. There is no reimbursement for Premium Cards that are Undelivered, Damaged, Lost, Stolen or Not Used. As per IRC Section 132, the refund will be issued in the form of a value-based MetroCard(s). The MetroCard(s) will be sent via Certified Mail to the mailing address provided above. Please note that this form does not apply to the TransitBenefit Transportation Spending Account Program (TSA Card).

Employee Signature _____

Date / /

OPA SECTION ONLY

<i>CHECK EITHER A OR B</i>	A	<input type="checkbox"/> A reimbursement was processed in the amount of: \$ _____	No. of MetroCards assigned: <input type="checkbox"/> \$24.35 <input type="checkbox"/> \$31.30 <input type="checkbox"/> \$40	B	<input type="checkbox"/> No Refund due.
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PREPARER		MANAGER/SUPERVISOR	
I CERTIFY THAT THE ABOVE TRANSACTION IS SUPPORTED BY DOCUMENTATION ON FILE.		I CERTIFY THAT I HAVE REVIEWED THE ABOVE ACTION.	
PRINT NAME		PRINT NAME	
SIGNATURE		SIGNATURE	
DATE	MONTH DAY YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DATE	MONTH DAY YEAR <input type="text"/> <input type="text"/> <input type="text"/>