American Library Association Transit Form – PA Salary Reduction

Name			New			
(Please print)	Mark		New			
Participation effective date	selection		Change			
nrollments or Changes must be received by HR <u>before the 6th of the month</u> to take effect the following month, e.g. form submitted y January 5 th will be effective February 1 st . Pennsylvania participants will get a reimbursement after submitting receipts.						
Mass Transit & Parking Programs Commonly referred to as a commuter or parking placeducing taxable income. By participating in the Towork. ALA offers this program for Transit or Parking	ransit Benefit you use pre-taxed dollars to pay for	the cost	t of your cor	nmute to		
maximum of up ore-tax basis and used in that month of the benefit.	to \$325 a month for commuter-related mass transverses from pretax deduction advantage		enses to be p	aid for on a		
Pennsylvania participants will make contributions to the transit expenses by submitting reimbursement month to accounts payable. Participants may receive hey submit a claim for that month. The receipts of deducted for the month and while the participant is	nt form with copies of paid receipts for the tra- ve reimbursements up to the total monthly amoun amount paid to transit system must be incurred w	nsit expe t contrib ithin the	enses paid fouted in the a	for that account when		
f a participant terminates employment, participation with receipts for the period prior to the termination				ı be claimed		
RS sets limits allowed to spend in any given month reimbursement. Expenses submitted through this be				r		
Please note that IRS regulations do not permit reinwas incurred.	mbursements for expenses older than 180 days from	om the ti	me at which	the expense		
(initial) To cancel or change participation no	otify HR by the 6th of the month for the following	ng montl	n's benefit.			
(\$	\$10 minimum and \$325 maximum)					
Effective date start:	Mass Transit Sys					
Monthly Amount Want \$	ID#					

(will be deducted from payroll in month of benefit)

AMERICAN LIBRARY ASSOCIATION

QUALIFIED PARKING REIMBURSEMENT FORM & Pennsylvania Transit Reimbursement

DIRECTIONS to request reimbursement

NAME

- 1. Complete the request form below, please print clearly.
- 2. Attach your parking receipt(s) to this form.
- 3. Send your form and receipt(s) to Accounts
 Payable at ALA, Chicago, IL 60601.

Reimbursements received by the 30th will be issued by the 15th of the following month.

Reimbursements will be done for up to 90 days prior to date of request, any amounts prior to that are forfeit.

EMPLOYEE INFORMATION

Date	Amount Paid	Reimbursement Request
Date	7 iiii dii ii did	Tromparooment request
	Date	Date Amount Paid

(print)

Location

Total

(les 2 69()] TETQq0.00000912 0 612 92 re WhBTF2 9 BMC 10898991.63 0.80.601 ref*109.63)3an MCI.p