

BAY AREA RAPID TRANSIT DISTRICT

REQUEST FOR TAX REPORTABLE REIMBURSEMENT

To process your reimbursement, fill out the following information and submit the completed form, along with the appropriate documentation and authorization, to the Payroll Department at LKS-22.

Employee Name: _____ Employee Identification Number: _____

Check all that apply	Reimbursement Type	Amount
<input type="checkbox"/>	Wellness Benefit (Non-represented)	\$
<input type="checkbox"/>	Wellness Benefit (Non-sworn Police)	
<input type="checkbox"/>	Suggestion Award	
<input type="checkbox"/>	Incentive Award	
<input type="checkbox"/>	Other (please describe):	
	Total reimbursement requested	\$

Employee Signature

Date Signed

Authorized Signature

Date Approved

Please print name and title of person authorizing payment

This section for Payroll only:	
Request received by:	Date received:
	Date processed: