



# BICYCLE COMMUTER REIMBURSEMENT REQUEST

BY SIGNING BELOW, I PLEDGE THAT I HAVE READ THE BICYCLE COMMUTER REIMBURSEMENT GUIDELINES AND HAVE RIDDEN MY BICYCLE TO AND FROM WORK A MINIMUM OF 12 DAYS DURING \_\_\_\_\_ (MONTH/YEAR). I HAVE INCLUDED RECEIPTS FOR QUALIFIED BICYCLE EXPENSES (WHICH INCLUDE THE PURCHASE OF A BICYCLE, BICYCLE IMPROVEMENTS, REPAIR AND STORAGE.

PLEASE CIRCLE THE DAYS BELOW FOR WHICH YOU HAVE RIDDEN YOUR BICYCLE TO WORK (MINIMUM OF 12 REQUIRED FOR REIMBURSEMENT):

1	2	3	4	5	6	7	8	9	10	11	12	13
14	15	16	17	18	19	20	21	22	23	24	25	26
27	28	29	30	31								

_____	_____	_____
SIGNATURE	DATE	PRINT NAME
_____	_____	_____
Z #	DEPARTMENT	

\*\*PLEASE RETURN THE COMPLETED COPY OF THIS FORM VIA EMAIL ([PAYROLL@STOCKTON.EDU](mailto:PAYROLL@STOCKTON.EDU)), FAX (609.626.5573), OR HAND DELIVER TO THE PAYROLL OFFICE AT N-119.

### OFFICE USE ONLY

Pay in PP#: _____	Amount to be paid: _____
Verified By: _____	Date: _____