



BICYCLE EXPENSE Reimbursement Request

Employee Information CHECK BOX IF NEW ADDRESS <input type="checkbox"/> Please update PeopleSoft with new address	Employee Name _____ Last First MI
	HUID _____ Department _____ HUPD Bicycle Registration # _____
	Home Address _____ Street City State Zip
	Email Address _____
	Home Phone (_____) _____ Work Phone (_____) _____ area code area code ext.

Expenses Reimbursable expenses include the cost of purchasing a bicycle, bicycle improvements, repair, and storage for bicycles regularly used for commuting to and from work.	Description of Bicycle Expense			Date of Expense		Amount	
	_____			_____		_____	
	_____			_____		_____	
	_____			_____		_____	
	_____			_____		_____	
	_____			_____		_____	

Attach Bills or Receipts	Attach bills or receipts for eligible items, which contain: 1. Name of service provider; 2. Nature of service or supplies; 3. Amount of reimbursable expense; and 4. Date(s) of service. Please retain a copy for your records. Failure to submit sufficient supporting documentation will delay (or prevent) claims processing.	TOTAL EXPENSES \$ _____
---------------------------------	--	--------------------------------

By submitting this form, for the months checked below, I certify that I have:

- Harvard University Benefit Eligibility.
- HUPD Bike Registration,
- Ridden a bicycle for a substantial portion of my commute to and from work,
- Not received any other qualified transportation benefit for Parking or Transit,
- Not claimed any expenses for another individual, and
- Not been reimbursed nor will I seek reimbursement of the expenses listed above from any other source.

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Total number of checked boxes for which certification applies: _____

I have read and understand the information on both sides of this form. I certify that all orders of bicycle expenses have been used by me only for the purposes of commuting to and from work at Harvard University and that I have not received parking or transit benefits for months indicated above.

Employee Signature _____ **Date** _____

CHECK Boxes That Apply

Please SIGN

IMPORTANT INFORMATION

Bicycle Expense Reimbursement Plan: IRS Code Section 132(f) allows employers to offer certain tax-free commuting benefits. This plan allows for tax-free reimbursement of certain bicycle commuting expenses to qualified employees.

- The maximum annual reimbursement is equal to: \$20 times the number of “Eligible Months.” The maximum possible reimbursement is \$240 per year.
- “Eligible Months” are defined as months during the calendar year in which the employee was actively employed and regularly used a bicycle for a substantial portion of the travel between the employee's residence and place of employment.
- If an employee receives a qualified transportation fringe benefit (pre-tax transit or pre-tax parking) during a month, that month is not considered an “Eligible Month.”
- The \$20 amount is not indexed for cost-of-living changes and therefore will not increase each year.
- Reimbursements will be made during the three month period following the calendar year in which the expenses were incurred.

Reimbursable Bicycle Expenses: Reimbursable expenses include the cost of purchasing a bicycle, bicycle improvements, repair, and storage for bicycles regularly used for commuting to and from work.

Supporting Documentation - For all expenses, attach bills or evidence of charges that clearly state all of the following:

1. Name of service provider
2. Nature of service or supplies
3. Amount of reimbursable expense under the plan
4. Date(s) of service

Submission of Reimbursement Requests – Fax (preferred), mail, or email reimbursement requests. If your reimbursement request is denied, written notification will be mailed to you within four business days of claim review. You may resubmit expenses with proper documentation, if applicable.

Reimbursement will take 4-6 weeks following submission.

Please note - Service dates for reimbursable expenses must fall within the plan year. Expenses incurred before participation began or after participation has terminated will not be reimbursed.

For more information contact:

Contact Crosby Benefit Systems: 800-462-2235 #6, servicecenter@crosbybenefits.com or *CommuterChoice* at 617-384-7433 (RIDE), commuterchoice@harvard.edu

Please send completed forms to Crosby Benefit Systems, Inc. · Fax (preferred): 978-367-9626
servicecenter@crosbybenefits.com · Phone: 800-462-2235 #6 · P.O. Box 25172, Lehigh Valley, PA 18002-5172

Questions? Contact Crosby Benefit Systems servicecenter@crosbybenefits.com · Phone: 800-462-2235 #6
or *CommuterChoice*: commuterchoice@harvard.edu or 617-384-7433 (RIDE)