



**CLAIM FORM FOR REIMBURSEMENT OF RAILROAD COMMUTATION  
EXPENSES FOR ELIGIBLE TWU LOCAL 100 EMPLOYEES**

DATE:

**EMPLOYEE INFORMATION:**

FIRST NAME

LAST NAME

BSC ID NUMBER

PASS NUMBER

HOME ADDRESS:

STREET ADDRESS LINE 1

STREET ADDRESS LINE 2

CITY

STATE

ZIP CODE

**TICKET INFORMATION:**

I hereby declare and affirm that I am entitled to a reimbursement for the following transportation commuter benefits under TWU Local 100's collective bargaining agreement and I have purchased and paid for the tickets listed below. I have not returned or received a refund for any portion of the amounts paid for the tickets purchased below and do not intend to request a refund from any other source but through this claim.

#	COLUMN A RAILROAD AGENCY (ie: LIRR/MetroNorth)	COLUMN B DATE OF PURCHASE	COLUMN C TYPE OF TICKET (ie: monthly, weekly)	COLUMN D PERIOD COVERED BY TICKET		COLUMN E DATE TO	COLUMN F DOLLAR AMOUNT PAID	COLUMN G PROOF OF PURCHASE SUBMITTED
				DATE FROM	DATE TO			
1							\$	
2								
3								
4								
5								
6								
7								
8								
9								
10								
TOTAL CLAIM FOR EMPLOYEE							\$	

I declare and affirm *under penalties of perjury* that the statements made herein are true and correct to the best of my knowledge, information and belief.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**NOTES AND INSTRUCTIONS FOR COMPLETING FORM:**

1. TO BE ELIGIBLE FOR A REIMBURSEMENT YOU MUST BE A TWU LOCAL 100 MEMBER WHO APPLIED FOR A COMMUTER PASS BY AUGUST 1, 2014.
2. REIMBURSEMENT ELIGIBILITY IS FOR EXPENSES INCURRED FROM JULY 1, 2014 TO THE DATE THE PASS WAS RECEIVED
3. TO SUBMIT A CLAIM, COMPLETE THIS FORM LISTING ALL THE INFORMATION REQUESTED. ATTACH A COPY OF THE PROOF OF PURCHASE STATED IN COLUMN G.
4. EMPLOYEES THAT DO NOT HAVE PROOF OF PURCHASE MAY COMPLETE THE ATTACHED AFFADIVIT IN LIEU OF PROOF OF PURCHASE
5. SEND THE COMPLETED FORMS ALONG WITH PROOFS OF PURCHASE AND/OR AFFIDAVIT TO NEW YORK CITY TRANSIT'S HUMAN RESOURCES DEPARTMENT, 180 LIVINGSTON STREET, ROOM 6059, BROOKLYN, NY 11201, ATTENTION: OFFICE OF AVP, HR OPERATIONS.

# AFFIDAVIT

STATE OF                    )  
                                  )    ss:  
COUNTY OF                )

\_\_\_\_\_ being duly sworn states:  
(Employee Print Name)

I make this affidavit in lieu of providing proof(s) of purchase for the ticket purchases for which I am requesting reimbursement in the accompanying "Claim Form for Reimbursement of Railroad Commutation Expenses for Eligible TWU Local 100 Employees" (hereinafter "Form") that I am submitting.

I declare and affirm that the proof(s) of purchase for the ticket purchases set forth on the Form are lost and unavailable and all measures to obtain copies have been unsuccessful or exhausted.

I declare under penalties of perjury that the statements made herein are true and correct to the best of my knowledge and belief and understand that any false statements can also subject me to disciplinary action.

\_\_\_\_\_  
(Employee Signature)

\_\_\_\_\_  
(Date)

Sworn to before me this

\_\_\_\_ day of \_\_\_\_\_ 2015

\_\_\_\_\_  
Notary Public