

This form to be used by CEA Members (Units A, B, D, E) & Non-Union Permanent Employees required to work 20 or more hours per week

MONTHLY MBTA REIMBURSEMENT FORM

Use this form if you are eligible* for MBTA Reimbursement, but not enrolled in the MBTA Payroll Deduction Program

To receive a **partial** reimbursement of Monthly MBTA purchases the following paperwork needs to be completed and submitted each month to the **Accounts Payable Department, 159 Thorndike Street**

- Completed and Approved Monthly MBTA Reimbursement Form
- **Original** Receipt (Taped to a 8 1/2 X 11 sheet of paper)
- Copy of the corresponding CharlieTicket/Card/Pass

Please retain a copy for your records

REIMBURSEMENT REQUEST FOR _____
Month

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

1. Total Purchased _____
(Original Receipts Attached)

2. X 65% = _____

Total \$ Amount to be Reimbursed: _____
Not to exceed \$60

Submitted by: _____ Date: _____
(Signature)

Approved by: _____ Date: _____
(Supervisor/Administrator)

***Who is eligible for the MBTA Pass Reimbursement Benefit?**

All Cambridge Teacher's Association members, full or part time (Units A-E)

All full and part time members of Custodian, Family Liaison, Food Services, and Security Collective Bargaining Units

Any Non-Union, Permanent Employee who works 20 or more hours per week