



HUMAN RESOURCES  
COMMUTER SUBSTANTIATION FORM

**COMMUTER SUBSTANTIATION FORM**  
**for the month of \_\_\_\_\_, 2024**

Instructions:

Complete form, attach your receipts or itemization and submit to HR/Benefits (Providence) by the 10<sup>th</sup> of the month for the prior month's commuting expense.

The December 2024 substantiation form must be submitted by December 10, 2024.

Note: Maximum pre-tax benefit amount allowed is \$315/month for **parking** and \$315/month for **transit**.

**Parking**

Name of Provider:	Amount Paid
Week 1	\$ _____
Week 2	\$ _____
Week 3	\$ _____
Week 4	\$ _____
Week 5	\$ _____
<b>Parking Total for Month</b>	<b>\$ _____</b>

**Transit**

Name of Provider:	
Week 1	\$ _____
Week 2	\$ _____
Week 3	\$ _____
Week 4	\$ _____
Week 5	\$ _____
<b>Transit Total for Month</b>	<b>\$ _____</b>

Your name (printed) \_\_\_\_\_

Your Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_