

CAMBRIDGE PUBLIC SCHOOLS

MONTHLY MBTA REIMBURSEMENT FORM

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/Pass

Please retain a copy for your records

REIMBURSEMENT REQUEST FOR _____, 20____
Month year

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

1. Total Purchased \$ _____
(Original Receipts Attached)

2. X 65% = \$ _____

Total \$ Amount to be Reimbursed:
(Maximum-\$40.00 per month)

\$ _____
(If result from Line 2 is greater than 40 enter \$40.00 Otherwise, enter result from Line 2)

Submitted by: _____ Date: _____
(signature)

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