



HU/HUCTW TRANSPORTATION FUND

APPLICATION FORM



Read all Guidelines before filling out this form. PLEASE USE BLACK INK. Entire form must be completed.

Harvard ID#: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ Department: _____

Name: First _____ MI _____ Last _____

Email Address: _____ Daytime Phone #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Hire/Appointment: _____ / _____ / _____ Years of Service: _____

1. Application Cycle ☐ January–June ☐ July–December ☐ Other: _____
2. Type of Expense:
 (please check all that apply) ☐ MBTA Commuter Rail Pass for zone 5 and above
 ☐ Parking in an MBTA garage
 ☐ Parking in the Longwood-Medical Area
 ☐ Commuting via a private commuter bus line
 ☐ Commuting via a private non-MBTA train
 ☐ Other (please explain) _____
3. Monthly cost of commute: _____
4. Total cost of commute for this application cycle: _____

Signature of Staff Member

Date

In order for this application to be complete you must attach:

- 1) A one-page detailed description of your commuting expenses which includes the following information:
 - a) Your method of commuting to the University. If your commute involves more than one mode of transportation please, specify this as well.
 - b) If you are taking public transportation, explain your commuting route. Please provide the beginning and end points of your commute. If you are parking, state which facility you are using.
 - c) Provide a breakdown of how much you pay monthly. Also state how much your expenses are in total for the six month application cycle.
- 2) Receipt of payment or similar documentation. (Copies of boarding passes and tickets count as proof of payment. For expenses related to a commuter rail pass for Zone 5 or above, you may also print out pay stubs from Peoplesoft showing how much is being subtracted for the pass on a monthly basis, or print out an Order History from the Commuter Choice website. **If for any reason you cannot provide receipts proving your commuting expenses, please explain your situation in your detailed description.**

Fax to 617 661 9617

Or mail to HUCTW, Attn: Trans Fund Committee, 15th Mt. Auburn St., UNIVERSITY MAIL
Deadlines: January-June Deadline: July 15th, July-December Deadline: January 15th.