



## HUCTW TRANSPORTATION FUND APPLICATION FORM



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

Harvard ID#:

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
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

### Checklist:

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**This application form, filled**

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**A written description of your commute and the costs it incurs.** Include:

- Your means of commuting to the University. If your commute involves more than one mode of transportation please, specify this as well.
- Your route. If you are taking public transportation, specify which line, and confirm the beginning and end points of your commute. If you are parking, state which facility you are using and the cost.
- A breakdown of how much you pay for what, monthly, and for the six month application cycle.

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**Receipts of payment or similar documentation.** Include:

- Pay stubs from Peoplesoft showing deductions for Commuter Rail pass or parking; or an Order History printed from the Commuter Choice website.
- Copies of boarding passes, tickets, and parking stubs can count as proof of payment.
- If for any reason you cannot provide receipts proving your commuting expenses, please explain why.

Send all materials to the Union office by US or University Mail, email, or fax:

15 Mt. Auburn Street  
Cambridge, MA 02138  
Fax: 617-661-9617  
huctw.transportation@huctw.org