ROBERT MORRIS UNIVERSITY
QUALIFIED TRANSPORTATION EXPENSE
REIMBURSEMENT PROGRAM

<u>ENROLLMENT FORM FOR 2011</u>

Name: _____
Last First Middle Initial

Address: _____

_____

I hereby elect to participate in the Qualified Transportation Expense Reimbursement Program as follows:

__ Please Pre-Tax my Monthly Campus Parking Fee, through Payroll Deduction, at the rate established by the University.

__ Qualified Parking Expense Account
My monthly contribution is $_____ (at least $5, not to exceed $230).

__ Mass Transportation Expense Account
My monthly contribution is $_____ (at least $5, not to exceed $230).

I hereby authorize Robert Morris University to deduct the amount indicated on this Enrollment Form from my pay. I understand that this election will remain in effect from January 1, 2011 through December 31, 2011. I understand that this election will reduce my pay for Federal income tax purposes in order to pay for the benefits that I have elected by signing and submitting this Qualified Transportation Expense Reimbursement Program Enrollment Form.

_____ _____
Employee signature Date

Forms should be submitted to Janet Oellig, Payroll, Revere 3rd Floor.