

TRANSIT REIMBURSEMENT REQUEST

Please send this form and receipts to transitfare@remirealty.ca

| | | |
|---|---|--|
| Strata Plan: | | Unit: |
| Date Submitted: | | <i>(No later than the 15th of the same month of the expense)</i> |
| Submitted By: | | |
| Amount: | \$89.55 (Credit will be applied to the owner's account) | |
| Signature: | | |
| DATE <small>(mm-dd-yyyy)</small> | DESCRIPTION | |
| | Monthly Transit Reimbursement | |
| <h1>Attach Receipts:</h1> | | |
| <i>Monthly Maximum Amount is equivalent to _____% the cost of the current 2-zone Pass</i> | | |

OFFICE USE ONLY

Authorized by: _____

Date: _____