

City of Los Angeles BIKE/WALK SUBSIDY REIMBURSEMENT FORM

EMPLOYEE INFORMATION -- All Spaces Must be Completed **CHECK ONE:** Bike Walk

Last Name: Doe **First Name:** John **Employee ID Number:** 123456

Email Address: john.doe@lacity.org **Contact Phone Number:** 213-978-1634

Department: Personnel **Work Address (Number, Street, and Zip or City Building and Room Number):** 200 N. Spring St., Rm 867, Los Angeles, CA 90012

Home Address (City and Zip only): Los Angeles, CA 90012

QUARTERLY COMMUTE SUMMARY FOR THE QUARTER OF / YEAR 2022

1st Quarter (January/February/March) 3rd Quarter (July/August/September)
 2nd Quarter (April/May/June) 4th Quarter (October/November/December)

MONTHLY COMMUTE SUMMARY FOR THE MONTH OF: APRIL

Date	Miles Biked / Walked	Total Miles	Date	Miles Biked / Walked	Total Miles	Date	Miles Biked / Walked	Total Miles	Date	Miles Biked / Walked	Total Miles	Date	Miles Biked / Walked	Total Miles
1	2		8	A	2	15	2	2	22	TE	2	29	2	2
2	2	2	9	2	2	16	D		23	2	2	30	2	2
3	D		10	D		17	D		24	D		31		
4	D		11	D		18	D		25	D				
5	TE	2	12	2	2	19	2	2	26	2	2			
6	TE	2	13	2	2	20	A	2	27	TE	2			
7	2	2	14	2	2	21	2	2	28	2	2			

No of Days Biked/Walked: 15 **Total of Miles Biked/Walked:** 30 **Total Commute Miles:** 42 **% of Miles Biked/Walked:** 71%

MONTHLY COMMUTE SUMMARY FOR THE MONTH OF: MAY

Date	Miles Biked / Walked	Total Miles	Date	Miles Biked / Walked	Total Miles	Date	Miles Biked / Walked	Total Miles	Date	Miles Biked / Walked	Total Miles	Date	Miles Biked / Walked	Total Miles
1	D		8	D		15	D		22	D		29	D	
2	D		9	D		16	D		23	D		30	D	
3	2	2	10	A	2	17	2	2	24	2	2	31	D	
4	2	2	11	2	2	18	TE	2	25	2	2			
5	TE	2	12	TE	2	19	TE	2	26	TE	2			
6	2	2	13	2	2	20	2		27	2	2			
7	D		14	2	2	21	D		28	2	2			

No of Days Biked/Walked: 12 **Total Miles Biked/Walked:** 24 **Total Commute Miles:** 36 **% of Miles Biked/Walked:** 66%

MONTHLY COMMUTE SUMMARY FOR THE MONTH OF: JUNE

Date	Miles Biked / Walked	Total Miles	Date	Miles Biked / Walked	Total Miles	Date	Miles Biked / Walked	Total Miles	Date	Miles Biked / Walked	Total Miles	Date	Miles Biked / Walked	Total Miles
1	2	2	8	2	2	15	2	2	22	2	2	29	2	2
2	2	2	9	2	2	16	2	2	23	TE	2	30	2	2
3	TE	2	10	TE	2	17	TE	2	24	2	2	31		
4	D		11	2	2	18	D		25	2	2			
5	D		12	D		19	D		26	D				
6	D		13	D		20	D		27	D				
7	A	2	14	2	2	21	2	2	28	2	2			

No of Days Biked/Walked: 15 **Total Miles Biked/Walked:** 30 **Total Commute Miles:** 40 **% of Miles Biked/Walked:** 75%

INSTRUCTIONS:

Include all round-trip commute miles in the "Total Miles" column above, regardless of the type of transportation used. For commute miles not biked or walked, please indicate in the "Miles Biked/Walked" column by code the type of transportation used: Car (A), Motorcycle (B), Public Transit (C), and Telecommute (TE). If you did not report to work (e.g. vacation, sick, leave of absence, etc.), please use (D). If you telecommuted, you must indicate the miles you would have normally commuted if you reported to your department worksite. **All days must be accounted for.**

Do you have a City employee parking permit or a home-garaged City vehicle? **YES** **NO**
 (If yes, you are not eligible to receive a Bike/Walk Subsidy.)

Are you currently in a City Vanpool or receiving Transit Subsidy Reimbursement? (If yes, you are not eligible to receive Bike/Walk Subsidy.) **YES** **NO**

Employee Signature (REQUIRED -- Signature verifies that employee has read and agrees to abide by the Program Rules and Procedures.)

Date:

X

7/1/22

SUPERVISOR VERIFICATION

I hereby state that, to the best of my knowledge the above employee commutes by bicycle or walks at least 51% of his/her total miles.

Supervisor's Signature (REQUIRED)

Work Phone:

Date:

X

213-978-1634

7/1/22

Return Form to:

Employee Benefits Division, **COMMUTEwell** Program

200 N. Spring Street, Room 867, Los Angeles, CA 90012 (Mail Stop 621)

Phone: (213) 978-1634 Website: LACOMMUTEwell.com Email: LACOMMUTEwell@lacity.org