## Adobe Commute Alternative Subsidy Claim Request – Canada

This claim request must be completed and forwarded to Commute at <u>Commute@adobe.com</u> for reimbursement.

| Employee Name:               |        |         |           |                         |  |
|------------------------------|--------|---------|-----------|-------------------------|--|
| Employee ID:                 |        | Locatio | Location: |                         |  |
| Type of Public Transit Pass: |        |         |           |                         |  |
| Expenses submitted for:      |        |         |           |                         |  |
| Q1                           | Dec \$ | Jan \$  | Feb \$    | (Submit to HR by 03/30) |  |
| Q2                           | Mar \$ | Apr \$  | May \$    | (Submit to HR by 06/30) |  |
| Q3                           | Jun \$ | Jul \$  | Aug \$    | (Submit to HR by 09/30) |  |
| Q4                           | Sep \$ | Oct \$  | Nov \$    | (Submit to HR by 12/30) |  |

*Reimbursement is limited to a maximum of* \$150 CDN *each month;* \$450 CDN *for the fiscal quarter.* 

## **Certification**

I understand that in order to be eligible for the subsidy, I must meet the following requirements:

- I must be a regular employee of Adobe.
- I have purchasing a transit pass for the purpose of commuting
- I will scan and attach or mail a copy of my issued pass validating my request
- I understand that this is a taxable benefit and is subject to all statutory deductions at source (CPP and Federal tax)

I have read the requirements above and I certify that I meet the eligibility requirements for the month for which I am requesting reimbursement.

Employee Signature: \_\_\_\_\_

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