

SUBSIDY ATTESTATION FORM

DATE OF SERVICE	DATE YOU SUBMIT THIS FORM
NAME OF PROVIDER	BENEFIT RESOURCE, INC.
DESCRIPTION OF SERVICE	TRANSIT OR BICYCLE TRAVEL SUBSIDY
COST	\$20 PER MONTH

By submitting this form, you confirm you are a City of Berkeley Employee eligible to receive the \$20 monthly Subsidy for Mass Transit or Bicycle Travel. Payment of this subsidy ends with termination of your employment.

FIRST NAME	
LAST NAME	
EMPLOYEE ID	
DATE	