

Bus Pass Request

Name:	Employee ID # (<i>required</i>):	
Department:	Ext.:	RC:
Manager:		
Effective Date of Card:		
Pue Bees		
Bus Pass Due Normhau/Zana Daguagtada		
Bus Number/Zone Requested:		
Please read this important information	n regarding the Bus Pass p	rogram:
 IRS regulations stipulate that a comp \$315 per month. Any amounts paid must be taxed. 		s transportation (bus passes) up to these limits are imputed income that
Changes from a parking card to a buprocessed every 90 days. If you need the end of the month for the change	eed to make a change, Faciliti	es must be notified 10 days before
Metro riders should not reload Q-call and can be requested to be returned.		rds are the property of Kinder Morgan
4. Fort Bend Transit riders will receive	bus passes electronically.	
 Woodlands bus riders: Booklets will pick it up by that date. Bus riders are the event it is lost or damaged. Kinder and the serial number was not record 	e responsible for recording the er Morgan is not responsible t	e serial number of each bus pass in
I have read and understand the above s	tipulations.	
Employee		Date
Facilities Management Use Only		
This assignment application constitutes:		
Bus Zone: Authorization:		
Issued By:	Q-Card	#:
		Rev: 4/16/2024