



Transportation#DUf _]b[Reimbursement Request Form

Contact 125MAX LLC at: 916-605-4030 or 800-843-6608

Claims may be faxed to: 916-605-4013, or scanned and emailed to: claims@125max.com

or Mailed to: 125MAX LLC, 35 Iron Point Circle, Ste. 100, Folsom, CA 95630

Employee Data

Employer Name:	
Participant Name:	
Participant Social Security:	XXX – XX - Last four (4) digits only
Daytime Phone Number: <input type="checkbox"/> Changed	()
Evening Phone Number: <input type="checkbox"/> Changed	()
E-mail Address: <input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Changed	
Home Address: <input type="checkbox"/> Changed	

Reimbursement Request

Complete the information below for Transportation Expenses incurred or paid by you. (For information as to what Transportation Expenses can and cannot be reimbursed, see the Summary Plan Description.) You must provide bills, invoices, statements from an independent third party, parking receipts, used transit passes or any other evidence showing that the expenses were incurred or paid (canceled checks will not be accepted). Be sure to provide all information requested by this claim form. If the form is incomplete, it will be returned to you. Please date and sign the claim form, then send it along with your supporting documentation to 125MAX LLC.

	EXAMPLE	Expense #1	Expense #2	Expense #3	Expense #4
Date Transportation Service Provided or Paid	01/01/11-01/31/11				
Type of Incurred Transportation Expense (Transit Pass, Commuter Highway Vehicle, or Qualified Parking)	Transit Pass				
Proof of Expense Attached? If not, explain why proof not available in ordinary course of business.	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Expense	\$90	\$	\$	\$	\$
Reimbursement Requested	\$90	\$	\$	\$	\$
		Total Reimbursement Requested			\$

Participant Certification

To the best of my knowledge and belief, the statements on this claim form are complete and true. I certify all of the following. I used the Transportation Benefits for which I am requesting reimbursement above only for purposes of commuting to and from work at my Employer. I have received the services described above on the dates indicated, and the expenses are my out-of-pocket expenses that qualify as valid Transportation Expenses under the Plan. I have not been reimbursed previously for these expenses under the Plan. These expenses have not been reimbursed or are not reimbursable under any other plan. I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit, or to claim reimbursement under another plan. I authorize a deduction in my Transportation Account in the amount of the reimbursement.

Date:	Employee Signature:
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A photocopy of this form may be used if needed.

Be sure to include proper documentation to avoid delays in reimbursements.

Please do not use highlighter on any receipts