



# Transportation Reimbursement Claim Form

Employee Data	
Employer Name:	
Employee Name:	
Employee Social Security:	
Daytime Phone Number:	(       )
Evening Phone Number:	(       )
E-mail Address:	
Change of Address: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Change of Phone Number: <input type="checkbox"/> No <input type="checkbox"/> Yes	(       )

Reimbursement Request					
Complete the following grid for each qualified transportation expense incurred or paid by you. In order to receive reimbursement, appropriate supporting documentation <u>must</u> accompany this form. Please refer to the Summary Plan Description for details regarding types of documentation required.					
	Expense #1	Expense #2	Expense #3	Expense #4	Expense #5
Date Transportation Service Provided or Paid					
Type of Transportation Expense Incurred					
Proof of Expense Attached? If not, explain why proof not available.	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
Total Expense	\$	\$	\$	\$	\$
Reimbursement Requested	\$	\$	\$	\$	\$
				<b>Total Reimbursement Requested</b>	\$

Signature	
To the best of my knowledge and belief, the statements in this claim form are complete and true. I certify <u>all</u> of the following. I used the Transportation Benefits for which I am requesting reimbursement above <u>only</u> for purposes of commuting to and from work at the 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