



## Commuter Benefits (Parking/Transit) Claim Form

Your Name (Last, First, MI)		Social Security No. or EID or PIN	Your Employer Name	
Address		City	State	Zip Code

### Parking Account Claims

Attach documentation or a receipt to substantiate the expenses you are claiming. The receipt or documentation must include the parking facility name, the date range of parking, and the dollar amount paid. If receipts are not provided in the ordinary course of business please explain below.

Date of Parking		Name of Parking Facility	If documentation is not available, explain why it is not provided by the parking facility. <i>(For example, metered street parking does not provide a receipt.)</i>	Amount Requested
Start Date	End Date			
				\$
				\$
				\$
<b>Total</b>				\$

### Transit/Van Pooling Account Claims

Attach documentation or a receipt to substantiate the expenses you are claiming. The receipt or documentation must include the transit authority name, the date of transportation, and the dollar amount paid. If receipts are not provided in the ordinary course of business please explain below.

Date of Transportation		Name of Transit Authority	If documentation is not available, explain why it is not provided by the transit authority. <i>(For example, cash paid for bus; bus does not provide a receipt.)</i>	Amount Requested
Start Date	End Date			
				\$
				\$
				\$
<b>Total</b>				\$

I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred by me during a period while I was covered under my employer's Commuter Benefit Plan and that the expenses have not been reimbursed and reimbursement will not be sought from any other source. I certify that the expenses were incurred by me for the purpose of commuting to and from my place of employment. I understand that I am fully responsible for the accuracy of all information relating to this claim, and that unless an expense for which reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense. A claim will only be processed with a completed and signed claim form and correct documentation. I understand IRS regulations establish the amount that can be reimbursed each month and that these amounts are subject to change and without notice.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_