

Transportation Plan Request for Reimbursement

Employee Name _____ Social Security # _____ - ____ - _____

Employee Address _____ Daytime Phone (____) _____

Employer _____

Instructions: Complete the information below for eligible Transportation Expenses incurred or paid by you. (For information as to what Transportation Expenses can and cannot be reimbursed, refer to your specific plan.) You must provide bills, invoices, statements from an independent third party, parking receipts, used transit passes or 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 Form. If the Form is incomplete, it will be returned to you. Please date and sign the Form, then send it to Benefits Design Group, Inc. along with your supporting documentation.

Category: PAR = Parking Fees VP = Van Pooling/Transit Fees

Category	Date Service Provided or Paid	Type of Expense	Requested Amount	Receipt Attached	Office Use
_____	_____	_____	_____	<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: _____

* If "no", reference expense above and explain why proof is not available in the ordinary course of business. _____

To the best of my knowledge and belief, my statements in this Form are complete and true. I certify all of the following: I used the Transportation Benefit for which I am requesting reimbursement above only 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, and 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.

Employee Signature _____ Date _____



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