

Commuter Expense Reimbursement Account Claim Form

Employer Name: _____

Member ID Number: _____

Employee Name: _____
(Last) (First) (MI)

Home Address: _____
(Street)

CHECK HERE IF NEW ADDRESS _____
(City) (State) (Zip)

IMPORTANT - Instructions for completing a claim form:

You must submit your request for reimbursement within 180 days from the date on which the expense is paid, not to exceed the plan's run-out period.

1. Complete the entire claim form, including signature and date. Failure to complete the form in its entirety (including the itemization of each expense), and attaching supporting documentation may result in a delay in processing your claim. If more space is required, please attach a separate sheet that includes the same information on the form.
2. Attach supporting documentation. Supporting documentation for **commuter expenses (ie: parking, mass transit, or vanpool)** must include the date(s) of service, name of parking/transportation vendor and the amount of the charge. Parking or bus passes are unacceptable supporting documentation.
3. Keep a copy of the completed claim form and supporting documentation for your files.

Commuter Expenses – Please complete a separate line for each expense. Attach a separate sheet if needed. Attach supporting documentation as explained in #2 above.

Date of Service		Name of Vendor	Amount Requested		INTERNAL USE ONLY
From: mm/dd/yy	To: mm/dd/yy		\$	¢	
TOTAL:					

I request reimbursement from my Commuter Expense Reimbursement Account for the above expenses paid or to be paid by me. I certify these expenses are not covered or reimbursable from any other source.

Participant's Signature: _____ Date: _____