

# TRANSPORTATION BENEFIT PLAN CLAIM FORM

For the Plan Year \_\_\_\_\_ to \_\_\_\_\_

Employee Name	Mail or Fax along with documentation to:  Benefit Extras, Inc. PO Box 1815 Burnsville, MN 55337 Phone (952) 435-6858 Fax: (952) 435-8435  <b>PLEASE RETAIN A COPY FOR YOUR RECORDS</b>
Address	
City                      State                      Zip	
Soc. Sec. #                      Date of Birth	

**Mass Transit Fee Request:** These services must have been incurred during the current plan year as shown on the top of this form. You must attach a copy of the mass transit bill, ferry pass bill or van pooling receipt. The receipt or bill must provide the type of service, date(s) of service and the cost.

**Date and Type of Service(s) Incurred & Cost**

Date	Type	For Whom	Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<b>Total Mass Transit Fee Requested:</b>			<b>\$ _____</b>

**Parking Fee Request:** These services must have been incurred during the current plan year as shown on the top of this form. You must attach a copy of the monthly parking receipt or bill, verifying the month of parking, name of person receiving service and the cost.

**Date and Type of Service(s) Incurred & Cost**

Date	Type	For Whom	Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<b>Total Parking Fee Requested:</b>			<b>\$ _____</b>

**Employee Certification:** To the best of my knowledge and belief, my statements on this Request for Reimbursement are complete and true. I understand that I am solely responsible for the validity of claims submitted to my Transportation Fringe Benefit Reimbursement Accounts. I am claiming reimbursement only for eligible expenses incurred by myself during the plan year shown above and certify that these expenses have not been reimbursed under this plan or by any other source and that they will not be reimbursed by any other source. I hereby authorize my Transportation Reimbursement Accounts to be reduced by the amount(s) shown above.

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