



# Request for Reimbursement Form: Qualified Transportation Expenses

Employer: \_\_\_\_\_

Employee name (Please type or print): \_\_\_\_\_ Social Security# \_\_\_\_\_

Employee address: \_\_\_\_\_  
City/State Zip

Employee Phone: \_\_\_\_\_

Please check if this is a new address

**LIST EACH RECEIPT SEPARATELY**

A  Person for Whom Expenses were Incurred	B  Name and Address ( <i>including city and state</i> ) of Parking Facility or Mass Transit Authority	C  Dates Services Provided	D  Requested Amount of Reimbursement	Internal Use Only

**Provider's Certification/Verification**

I certify that the above-described Parking and/or Mass Transit expenses were incurred by the employee named above.

Business/Provider Signature \_\_\_\_\_ Address \_\_\_\_\_ Date \_\_\_\_\_

**HOW TO FILE A REQUEST FOR REIMBURSEMENT**

1. Complete, date and sign this form. Failure to complete all areas can result in a delay in processing and claim reimbursement.
2. Attach third party receipts or bills showing items A, B, C and D. A receipt will be required to process your claim unless receipts are not provided in the ordinary course of business (e.g., metered parking).
3. The provider (Parking Facility or Mass Transit Authority) may certify these expenses by signing the provider's certification.

**QUALIFIED TRANSPORTATION EXPENSES**

To qualify for reimbursement, parking expenses must be incurred for parking at or near the business premises of your employer and be less than your election for the coverage period (and the applicable statutory limit of \$175 per month). Parking expenses also qualify for reimbursement if incurred for parking at or near a location from which you commute to work by mass transit (subway, bus, etc.), van-pooling, in a commuter highway vehicle, or by carpool. It does not include parking at or near an employee's residence.

Reimbursement of mass transit expenses will be allowable only if your employer determines that the administrative costs (imposed by the mass transit authority) associated with purchasing and distributing mass transit passes exceeds 1% of the value of such benefits. The expenses must also be less than your election for the coverage period and the applicable statutory limit (\$65 per month).

**MAIL COMPLETED REQUEST FOR REIMBURSEMENT FORMS TO:**

**1932 Wynnton Road • Columbus, Georgia 31999-1140  
Phone 800-323-5391 • Fax 706-596-2995**

I request reimbursement and certify that these are eligible Transportation Expenses.

EMPLOYEE SIGNATURE _____	DATE _____
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