



TRANSPORTATION ACCOUNT CLAIM FORM

Please Print

Employer _____

Your Name _____ ID # _____

My address has changed. My new address is _____

Transportation Account:

Your claim will only be reimbursed up to the amount that has been currently credited to your transportation account.

In order to process your claim we must receive proper documentation. To process your expense(s) we must receive receipts or billing statements. They must include dates for the period of time you are requesting reimbursement. **Balance due statements and canceled checks are unacceptable.** Refer to your Enrollment Booklet for additional information. A minimum cumulative claim of \$10 is required before reimbursement, unless your current balance is less than \$10. **Any claim submitted for less than \$10 will be held until the minimum of \$10 is reached.**

Date of Service	Type of Expense (Check One)		Total Expense	Amount To Be Paid From Your Parking Account	Office Use Only
	Parking Expense	Transit Expense			
		Totals	\$	\$	

I hereby certify that the information shown above is true and correct. I have not or will not receive reimbursement for any of the expenses listed above from any other source.

Signature _____ Date _____

01/27/05