



PLEASE NOTE OUR NEW ADDRESS, PHONE AND FAX NUMBER

77 Brant Avenue, Suite 206 Clark, NJ 07066 Phone: (732) 428-8282

Fax: (732) 428-8111 Email submission to: customerservice@flexaccount.com

TRANSIT & PARKING REIMBURSEMENT CLAIM FORM

Company Name: _____

Employee Name
(Last / First MI) _____

Employee e-mail Address: _____ Social Security Number or ID Number: _____

VISIT WWW.FLEXACCOUNT.COM FOR CLAIM STATUS AND BALANCE INFORMATION CLAIMS ARE ENTERED 48-72 HOURS AFTER RECEIPT
Note: If you have changed your Address please use a BeneFlex Change of Address form. Forms are available at www.flexaccount.com

1	2	3	4	5	6	7	Dates of Service		Vendor's Full Name	Expense Description	Pre-Tax Amt. Requested	POST-TAX Amt. Requested
							Beginning Date to Ending Date					
							Total Reimbursement Requested				\$	

Affidavit of Transportation Expenses:			
Beginning Date to Ending Date of Service	Service Provided By		Amount Requested
			\$

Part III: Parking Reimbursement Request (Please itemize your expenses and attach supporting documentation)

1	2	3	4	5	6	7	Dates of Service		Vendor's Full Name	Expense Description	Pre-Tax Amt. Requested	POST-TAX Amt. Requested
							Beginning Date to Ending Date					
							Total Reimbursement Requested				\$	\$

Affidavit of Parking Expenses:			
Beginning Date to Ending Date of Service	Service Provided By		Amount Requested
			\$

Part IV: Employee Certification for Reimbursement

TO EXPEDITE CLAIM PAYMENT, PLEASE COMPLETE AND SIGN YOUR CLAIM FORM

I hereby certify that:
* The above information is correct; and
* All expenses requested to be reimbursed comply with my company's Mass Transit/Parking Reimbursement Plan and such items have not and will not be covered by any other plan or program for any employer or other person.

I understand that:
* Reimbursement of eligible expenses can not exceed monthly maximum allowed by IRS regulation for Mass Transit, Van Pooling or Parking.
* My company does not accept responsibility for direct payment to any individuals other than the employee.

I hereby authorize release of payment through my Section 132(f) Transit Reimbursement Account(s).

Employee Signature: _____ Date: _____