

Transportation Fringe Benefit Plan Request for Reimbursement Claim Form

Company Name: _____ Employer Worksite Address: _____

Employee Name: _____ Social Security No: _____

Employee Street Address: _____

City: _____ State: _____ Zip: _____

Instructions: Complete the information below for Transportation Expenses incurred or paid by you. You must provide bills, invoices, statements from an independent third party, parking receipts, used transit passes or other evidence showing that the Expenses were incurred or paid (cancelled checks will not be accepted). Be sure to provide all information requested by this Form. If the Form is incomplete, it will be returned to you. Please date and sign the Form, then send it along with the supporting documentation to FlexSource, 894 Euclid Ave., Elmhurst, IL 60126 or fax the information to (630) 782-0644.

	Expense #1	Expenses #2	Expense #3	Expense #4	Expense #5
Date Transportation Service Provided or Paid					
Type of Transportation Expense (Transit Pass, Commuter Highway Vehicle, or Qualified Parking)					
Proof of Expense Attached? If not, explain why proof not available in ordinary course of business	___Yes ___ No	___Yes ___ No	___Yes ___ No	___Yes ___ No	___Yes ___ No
Total Expense	\$	\$	\$	\$	\$
Reimbursement Request	\$	\$	\$	\$	\$

GRAND TOTAL \$ _____

To the best of my knowledge and belief, my statements in this Form are complete and true. I certify all of the following. I used the Transportation Benefit for which I am requesting reimbursement above only for purposes of commuting to and from work at the Employer. I have received the services described above on the dates indicated, and the expenses are my out-of-pocket expenses that qualify as valid Transportation Expenses under the Plan. I have not been reimbursed previously for these expenses under the Plan. These expenses have not been reimbursed or are not reimbursable under another plan. I authorize a deduction in my Transportation Account in the amount of the reimbursement.

Employee Signature

Date

FlexSource, LLC
894 Euclid Ave., Elmhurst, IL, 60126
P: (630) 782-0633 F: (630) 782-0644