

QUALIFIED TRANSPORTATION PLAN REIMBURSEMENT CLAIM FORM

SECTION 1 – EMPLOYEE PROFILE (Please Print)

<i>COMPANY NAME:</i>	_____	<i>DAYTIME PHONE #:</i>	_____
<i>EMPLOYEE SSN:</i>	_____	<i>EVENING PHONE #:</i>	_____
<i>EMPLOYEE NAME:</i>	_____	<i>EMAIL ADDRESS:</i>	_____
<i>MAILING ADDRESS:</i>	_____	<i>LOCATION:</i>	_____
	_____		_____

DESCRIPTION OF EXPENSES – See Reverse Side for more detailed instructions.

SECTION 2 – TRANSIT EXPENSES (Please provide the requested information for each expense on a separate line.)

<i>Dates of Service - (MM/DD/YY)*</i>		<i>Type of Transportation*</i>	<i>Reimbursement Requested*</i>
<i>Start Date</i>	<i>End Date</i>		
<i>*Required Information</i>			<i>Total Reimbursement Requested*</i>

SECTION 3 – PARKING EXPENSES (Please provide the requested information for each expense on a separate line.)

<i>Dates of Service - (MM/DD/YY)*</i>		<i>Type of Parking*</i>	<i>Parking Location*</i>	<i>Reimbursement Requested*</i>
<i>Start Date</i>	<i>End Date</i>			
<i>*Required Information</i>				<i>Total Reimbursement Requested*</i>

SECTION 4 – AUTHORIZATION

I certify that the work-related transit and/or parking expenses submitted for reimbursement were incurred by me during the period I was a participant in the Qualified Transportation Plan. I understand that the charges for which I am submitting reimbursement are eligible charges for reimbursement under the Qualified Transportation Plan in accordance with IRS guidelines and IRS Publication 502. I also understand that I am solely responsible for submitting proper documentation of my eligible transit and/or parking expenses, and that I may be required to substantiate in the event of an employer, Parente HR Services or IRS inquiry, that these are work-related expenses that are eligible to be excluded from my federal taxable wages. I agree that I am responsible for any and all bank, savings, or checking account charges that I incur. I agree to indemnify and hold harmless Parente HR Services from any responsibility relative to my credit status. I have received and read all printed material describing this program and all administrative materials defining the operation of this plan. I certify that I am responsible for compliance with all applicable administrative processes, tax regulations and documentation. I request reimbursement for the expenses itemized above and further certify that the information provided is true and correct. I will retain a copy of this form and all original receipts for my records.

Signature

Date

INSTRUCTIONS AND HELPFUL HINTS

GENERAL INFORMATION

Submit your completed claim form and attached documentation to Parente HR Services • 1200 Abington Executive Park • Clarks Summit, PA 18411 or fax your completed paperwork to 1-866-406-0946. Completed claim forms and documentation must be received by Noon (EST) on each processing deadline (call 1-800-307-0230 if you are unsure of your company's processing deadline). If your submitted claims are authorized, you will then receive reimbursement.

SECTION 1 – EMPLOYEE PROFILE

- Please fill in all of the requested information.
- Remember to print or type in your information so we can process your claim quickly and accurately.

SECTION 2 – TRANSIT EXPENSES

- Please fill in all of the fields marked with an asterisk (*) as that indicates information that is required and must be filled in for your claim to be processed.
- When attaching a copy of a receipt for a qualified transit expense make sure the receipt contains the following information: (1) the date parking service was provided, (2) the type of transportation used and (3) the amount of the transit expense for the time period listed.
- The date(s) of transit service(s), type of transportation used and amount of transit expense must be clearly visible on any receipt that is submitted as documentation for a qualified transit expense.
- Copies of cancelled checks and credit card receipts ARE NOT considered acceptable documentation of expenses listed on this form.
- Only submit copies of receipts, itemized statements, etc. You should keep all originals, including receipts for your personal records.

SECTION 3 – PARKING EXPENSES

- Please fill in all of the fields marked with an asterisk (*) as that indicates information that is required and must be filled in for your claim to be processed.
- When attaching a copy of a receipt for a qualified parking expense make sure the receipt contains the following information: (1) the date during which parking service was provided, (2) the type of parking used, (3) the parking location and (4) the amount of the parking expense for the time period listed.
- The date(s) of parking service(s), type of parking used, the parking location and amount of parking expense must be clearly visible on any receipt that is submitted as documentation for a qualified parking expense.
- Copies of cancelled checks and credit card receipts ARE NOT considered acceptable documentation of expenses listed on this form.
- Only submit copies of receipts, itemized statements, etc. You should keep all originals, including receipts for your personal records.

SECTION 4 – AUTHORIZATION SECTION

- Read the Authorization Section carefully.
- Make sure to sign and date this form before submitting it for reimbursement.*