

### PART A: Employee Information

employee name (print) \_\_\_\_\_ social security number \_\_\_\_\_

address \_\_\_\_\_

employer \_\_\_\_\_

### PART B: Transportation Benefit Expenses

Instructions: Complete the information below for Transportation Benefit Expenses incurred or paid. You must provide bills, invoices or statements from an independent third party, parking receipts, used transit passes or other evidence showing that the expenses were incurred or paid.

Cancelled checks or credit card receipts are not valid receipts. Be sure to provide all information requested by this form. If the form is incomplete, you will be notified.

	Date that transportation service was provided or paid	Type of transportation expense (transit pass, qualified parking, commuter highway vehicle)	Proof of expense attached? If not, explain why proof not available in ordinary course of business (if needed, continue explanation on back of this form).	Total expense	Reimbursement requested
Expense #1					
Expense #2					
Expense #3					
Expense #4					
Expense #5					
Expense #6					
<b>Total Reimbursement Requested</b>					<b>\$</b>

*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 Parking and Transit Benefit for which I am requesting reimbursement above only for the 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 any other plan. I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit, or to claim reimbursement under another plan. I authorize a deduction in my Parking and Transit Benefit Plan account in the amount of the reimbursement.*

signature \_\_\_\_\_ date \_\_\_\_\_

Send this form, along with your receipts to: TaxSaver, PO Box 4539, Iowa City, IA 52244-4539. Keep copies of this form as well as your receipts for your records. Claim forms and receipts may be faxed to **800-974-5190**. For more information, call **888-TAX-SAVR (888-829-7287)**.