

TaxSaver

Parking and Transit Benefit Plan Reimbursement Request Form

PART A: Employee Information

employee name (print)	member number or last 4 digits of ssn
employee address	
employer	

PART B: Transportation Benefit Expenses

- 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.
- Expenses must be incurred or paid while you are actively participating in the plan.
- Claims must be submitted to TaxSaver no later than 180 days following the date the expense was incurred or paid.

	Date that transportation service was provided or paid	Type of transportation expense*	Proof of expense attached? If not, explain why proof not available in ordinary course of business**	Total expense	Reimbursement requested
Expense #1					
Expense #2					
Expense #3					
Expense #4					
Expense #5					
Expense #6					
Total Reimbursement Request					\$

*Transit pass, qualified parking, commuter highway vehicle

**If needed, continue explanation on back of this form

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 my 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.

employee signature

date

Send this form, along with your receipts to: TaxSaver, P.O. 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 **+1 800 974 5190**. For more information, call **+1 888 829 7287 (+1 888 TAX SAVR)**.