

Transportation Plan Reimbursement Claim Form

Employer Name					
Employee Name				Last 4 SSN	
Address		City		State	Zip
Email Address				Phone number	

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 (canceled 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 your supporting documentation to **PAYPROtpa:**
E-fax: (951) 656-9276 or (951) 656-9274 - or - email: claims@PAYPROtpa.com

	EXAMPLE	Expense #1	Expense #2	Expense #3	Expense #4
Date Transportation Service Provided or Paid	1/1/2015-1/31/2015				
Type of Transportation Expense: Transit Pass, Commuter Highway Vehicle or Qualified Parking	Transit Pass				
Total Expense	\$90	\$	\$	\$	\$
Reimbursement Requested	\$90	\$	\$	\$	\$
				Total Reimbursement Requested	
				\$	

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 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 Transportation Account in the amount of the reimbursement.

Employee Signature

Date