

**TRANSPORTATION BENEFIT PLAN
CLAIM FORM**

EMPLOYER _____
(Please print above)

Employee's name _____ SS# _____

QUALIFIED TRANSPORTATION BENEFIT EXPENSE DETAILS

PRE-TAX PARKING

I hereby request reimbursement for the following expenses that I paid for Qualified Transportation Benefits:

Attached are receipts as evidence of my having incurred these expenses.

Date Benefit Provided	Amount Paid for Parking Benefit	Location of Parking
_____	\$ _____.	The location must be the location previously elected on your Election Form or on a Change in Location Qualified Parking Form.
_____	\$ _____.	
_____	\$ _____.	
_____	\$ _____.	
_____	\$ _____.	
TOTAL	\$ _____.	_____

CERTIFICATION AND SIGNATURE

I hereby certify that I used the Qualified Transportation Benefit for which I am requesting reimbursement above only for purposes of commuting to and from work at the Employer.

Employee's Signature Date

Mail This Claim Form To: Flexible Benefit Administrators, Inc. P.O. Box 8188, Virginia Beach, VA, 23450	Fax Claim Form To: Flexible Benefit Administrators, Inc. Fax Number: 757-431-1155
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Please DO NOT mail your claim form if you fax it. Thank you.

Please notify Flexible Benefit Administrators, Inc. if you have a change of address.