



Commuter Account Plan Claim Form



Transportation, Vanpool and Parking

EMPLOYER INFORMATION

Company Name

EMPLOYEE INFORMATION

Employee Last Name	First Name	Social Security Number	
Street Address	City	State	Zip
Daytime Phone Number	Email		

MASS TRANSIT AND PARKING EXPENSE ACCOUNTS

Please indicate the amount requested for reimbursement. Attach copies of receipts (when available) which reflect the date(s) during which parking and/or mass transit expenses were incurred, the amount of expense for the time period, and the location of the parking vendor (if applicable). Photocopies of checks and/or tickets are acceptable. If no supporting documents were available during the normal course of business, the reimbursement will be paid – provided the expenses are described below and the form is signed and dated.

Type of Transportation Expense (Commuter Bus, Train, Van Pool, Parking, etc.)	Dates of Service Beginning Date - Ending Date	Transit Agency or Parking Provider (and parking location)	Cost	Receipt Yes or No
TOTAL:			\$	

Standing Instructions to my Employer (auto-claim):

- I hereby represent that I have consistent expenses month-to-month. Please file this claim on my behalf every month. If I receive receipts in the normal course of business I realize that I am still required to submit them, even when using this auto-claim option.
- Please disregard and revoke any prior standing instructions.

AFFIDAVIT

I am submitting this reimbursement request for parking and/or mass transit transportation expenses, which are eligible for favorable income tax treatment in accordance with federal guidelines under Internal Revenue Code Section 132(f). I understand and confirm that (1) I am solely responsible for submitting proper documentation of my eligible expenses, (2) that these expenses are indeed qualified transportation expenses which qualify for reimbursement and are eligible to be excluded from my federal taxable wages, (3) they have not been reimbursed from any other source or previously submitted for reimbursement, and (4) for each expense listed above, for which I have not attached a receipt or verifying document, such receipt or verifying document was not available from the provider of service.

I request reimbursement from my account(s) and certify that the information provided is true and correct.

Employee Signature	Date
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Send completed form and documentation to TotalBen.

FAX: (718) 535-7071

Mail: TotalBen LLC
P.O. Box 100496
Brooklyn, NY 11210