

PARKING AND TRANSIT Reimbursement Request Form

CLAIM FILING & DOCUMENTATION INSTRUCTIONS

1) Please sign claim form, include your email address and provide complete documentation for requested information.
2) List each month of parking or transit expenses separately on this form.

3) You will be reimbursed for parking and transit expenses incurred within the month up to the monthly amount you elected.
4) You may submit prepaid receipts for reimbursement.

PART I: EMPLOYEE INFORMATION (PLEASE PRINT)

Company Name	Check ONE (REQUIRED): <input type="checkbox"/> NEW claim <input type="checkbox"/> Resubmitted claim	
Employee Name	Daytime Phone Number	Social Security Number
Street Address: _____ City _____ State _____ ZIP Code _____		
Check here if this a new address: <input type="checkbox"/> Email Address _____		
Please Note If you are submitting Debit Card verification receipts, please use the Debit Card Claim Form available on our website.		

PART II: PARKING & TRANSIT EXPENSES

Account Type (Parking or Transit)	Dates of Service (from)	Dates of Service (to)	Reimbursement Amount Requested	Provider Name	Receipt available?
1)					
2)					
3)					
4)					
5)					
6)					

PART III: CERTIFICATION

I, the undersigned, hereby certify that the above listed expenses for which reimbursement is claimed are eligible expenses and have been incurred by me during a period which was covered under my employer's parking and transit plan.

Employee Signature

Date

American Benefit Administrators, LLC

P.O. Box 380844, Birmingham, AL 35238 ♦ Toll Free: (866) 742-4900 ♦ Fax: (866) 734-4777
Email: claims@americanbenefitadministrators.com