



Please send this form along with all applicable receipts to:
1200 River Avenue, Suite 10E, Lakewood, NJ 08701
Fax: 877-747-8564
E-Mail: Claims@flexfacts.com

Transit and Parking Claim Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Employer: _____

Last Four Digits of Your Social Security Number _____

Phone: () _____ E-mail: _____

If your address has changed please list the new address below.

New Address: _____

City, State, Zip _____

Transit and/or Parking Claim Information

Please attach receipt from provider to claim. Please make sure it includes the fields below.

If you are unable to get an invoice or statement from the provider, please fill out the chart below.

Please Note: IRS does not permit reimbursement for expenses older than 180 days from the date incurred.

Transit or Parking	Provider Name	Service Date	Amount

Employee Certification

I understand that I can only be reimbursed for services with funds that have been posted to my Section 132 Qualified Transit and Parking Plan and that reimbursements will be made payable to me with a check or direct deposit. I certify that the above reimbursement submission is for expenses incurred by me for the purposes of going to and from work.

- I have attached a receipt from my provider
- I certify that I incurred the above listed transit/parking expenses and no receipt was provided in the ordinary course of business for this service.

By signing this form, I certify that I am the original account holder.

Employee Signature

Date