

TRANSIT AND SMART COMMUTE REIMBURSEMENT CLAIM FORM

| I. Accour | nt Holder's Information | | | | |
|--|--|----------------|------------|------|--|
| First Name: | | | Last Name: | | |
| Employer: | | Email Address: | | | |
| Mailing Address | Line 1: | | | | |
| Mailing Address | Line 2: | | | | |
| City: | | State: | | Zip: | |
| Phone: | ne: | | Plan year: | | |
| II. Instructions for Submitting Form (Please read carefully) | | | | | |
| a. | Fill out entire form and sign the bottom | | | | |
| b. | These expenses must have been incurred within 180 days of claim submission. You have up to 90 days after the end of a plan year to submit expenses that you have incurred during the plan year provided that it is still within 180 days from the date of service. | | | | |
| C. | Receipt substantiation is required unless the service provider does not provide receipts (such as payments made by token/ticket machine, meter or cash box) | | | | |

Claim Information III.

| Benefit Month | Name and Location of Transit Authority/Smart Commute City | Receipt Provided (Y/N) | Reason Debit Card/Smart Commute Card was not used (not accepted, kiosk broken, lost card) | Dollar Amount |
|------------------|--|------------------------------|---|---------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| | \sim . | | • |
|----------|----------|--------------|---|
| I OT 2 I | (laim | amount: \$ | |
| lotai | Ciaiiii | arriourit. 4 | , |

IV. Authorization

My signature certifies that:

- 1. My Visa Card provided by HRCTS is not accepted by the transit authority indicated above for this expense, or
- There was an unforeseen circumstance out of my control in which I was not able to purchase this expense with my Visa Card, or
- This merchant does not accept a split transaction and my employer does not offer a post-tax option

The above statements and submitted information for reimbursement are true. I am only submitting for reimbursement of eligible expenses that I incurred for myself in relation to travel to and from my place of employment, also indicated above. I certify that I have not been nor will I be reimbursed for these submitted reimbursements from any other source. I further certify that I will not claim these expenses as a tax deduction

| when filling my personal tax return. | | | | |
|--|-------|--|--|--|
| Employee Signature: | Date: | | | |
| Please be sure this form is completed in its entirety to ensure accurate processing. | | | | |

Contact Customer Service: Monday – Friday 8:30AM-5:00PM EST



