



Transit Claim Submission Form

Part I. Employee Information

Employee Name: _____	Email Address: _____	SSN: _____
Mailing Address: _____	City: _____	State: _____ Zip: _____
Telephone: _____	Employer Name: _____	

Part II. Instructions for submitting form (Please Read Carefully)

1. Fill out form completely and sign the bottom.
2. These expenses must have been incurred within 180 days of the Date of Service and within 90 days of the plan year ending.
3. Receipt substantiation is required unless the service provider does not provide receipts (such as payments made by token/ticket machine, meter or cash box)

Part III. Claim Details

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and location of transit Authority	Benefit Month (Not payment date)	Claim Amount
<input type="checkbox"/> No receipt provided	Expense type: <input type="checkbox"/> Public transportation <input type="checkbox"/> Van Pool	
Reason Debit Card was not used (i.e. not accepted, kiosk broken, lost card)		
<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and location of transit Authority	Benefit Month (Not payment date)	Claim Amount
<input type="checkbox"/> No receipt provided	Expense type: <input type="checkbox"/> Public transportation <input type="checkbox"/> Van Pool	
Reason Debit Card was not used (i.e. not accepted, kiosk broken, lost card)		
	<input type="text"/>	
		Total of Transit Claims: \$ <input type="text"/>

Part IV. Signature

<p>My signature certifies that:</p> <ol style="list-style-type: none">1. My Visa Card provided by HRCTS is not accepted by the transit authority indicated above for this expense, or;2. There was an unforeseen circumstance out of my control in which I was not able to purchase this expense with my Visa Card, or;3. This Merchant does not accept a split transaction and my Employer does not offer a post-tax option <p>The above statements and submitted information for reimbursement are true. I am only submitting for reimbursement for 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.</p> <p>Employee Signature: _____ Date: _____</p>
