

## Transportation Plan Reimbursement Claim Form

FAILURE TO FULLY COMPLETE THIS FORM MAY DELAY REIMBURSEMENT

Employer: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### TRANSIT & PARKING

**PLEASE INCLUDE A COPY OF YOUR PASS, BILL, STATEMENT, OR RECEIPT WITH YOUR REQUEST INDICATING THE AMOUNT PAID. CREDIT CARD SLIPS AND CANCELLED CHECKS ARE UNACCEPTABLE FORMS OF DOCUMENTATION.**

MONTH	TRANSIT AMOUNT	PARKING AMOUNT	MONTH	TRANSIT AMOUNT	PARKING AMOUNT
January			July		
February			August		
March			September		
April			October		
May			November		
June			December		

I CERTIFY THE ABOVE EXPENSES QUALIFY FOR REIMBURSEMENT UNDER THE TERMS OF THE PLAN. I SPECIFICALLY STATE THAT THE EXPENSES LISTED HAVE BEEN INCURRED FOR MY BENEFIT. I HAVE INCLUDED ACCEPTABLE PROOF OF EXPENSE WITH THIS FORM. I CERTIFY THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT ALL OUT-OF-POCKET EXPENSES REIMBURSED TO ME UNDER THIS PROGRAM WILL NOT BE DEDUCTED ON A TAX RETURN OR REIMBURSED BY ANY OTHER MEANS. I HEREBY REQUEST REIMBURSEMENT FOR THESE EXPENSES AND, IF APPLICABLE, REAFFIRM THE AUTHORIZATION PROVIDED TO TAX DEFERRED SOLUTIONS TO DEPOSIT THE REIMBURSEMENT DIRECTLY INTO MY BANK ACCOUNT.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Once completed, please mail, fax, or e-mail your request to Tax Deferred Solutions.*

Mail: 6939 Sunrise Blvd., Ste. 250, Citrus Heights, CA 95610

Phone: (866) 446-1072

Fax: (916) 221-5040

E-Mail: [transactions@tdsplans.org](mailto:transactions@tdsplans.org)