

## Qualified Parking and Transit Claim Form

**EMPLOYEE INFORMATION** *(Please Print)*

Check here if address has changed

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 SSN (Last 4 digits): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Home Work

**PARKING EXPENSES** *(Attach supporting documentation)*

Type of Expense	Service Date		Amount
	From	To	
<b>Total Unreimbursed Parking Expenses</b>			

**\*Important Update: Effective with dates of service 1/1/16 and after, all transit claims must be made using the flex debit card.**

Please provide a brief explanation for the reason you are submitting your transit claim for reimbursement:

**COMMUTER HIGHWAY/VEHICLE/TRANSIT PASS EXPENSES** *(Attach supporting documentation)*

Type of Expense	Service Date		Amount
	From	To	
<b>Total Unreimbursed Commuter Highway and Transit Expenses</b>			

**READ CAREFULLY**

The above is a true and accurate statement of all expenses incurred by me on the date(s) indicated, and were incurred while I was covered under the Qualified Transportation and Parking Account(s). Supporting documentation from my service provider(s) for all expenses are attached to this voucher. I understand that I cannot claim any reimbursed expenses on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax and any associated penalties on the amounts paid for any expense improperly claimed under the provisions of the Qualified Transportation and Parking Account(s).

Participant Signature

Date

**Mail To:** myCafeteriaPlan, 432 East Pearl St., Miamisburg, OH 45342  
**Fax To:** 937.865.6502

Access your account information 24 hours a day, seven days a week on our web site: [www.myCafeteriaPlan.com](http://www.myCafeteriaPlan.com)

To contact Customer Service call 800.865.6543