

PARKING AND TRANSIT

Reimbursement Request Form

CLAIM FILING & DOCUMENTATION INSTRUCTIONS

- 1) Please sign claim form, include your email address and provide complete documentation for requested information.
- 2) List each month of parking or transit expenses separately on this form.

- 3) You will be reimbursed for parking and transit expenses incurred within the month up to the monthly amount you elected.
- 4) You may submit prepaid receipts for reimbursement.

PART I: EMPLOYEE INFORMATION (PLEASE PRINT)

Company Name		Check ONE (REQUIRED): ☐ NEW claim ☐ Resubmitted claim	
Employee Name		Daytime Phone Number	Social Security Number
Street Address: _____		City _____	State _____ ZIP Code _____
Check here if this a new address: ☐ Email Address _____			
Please Note If you are submitting Debit Card verification receipts, please use the Debit Card Claim Form available on our website.			

PART II: PARKING & TRANSIT EXPENSES

Account Type (Parking or Transit)	Dates of Service (from)	Dates of Service (to)	Reimbursement Amount Requested	Provider Name	Receipt available?
1)					
2)					
3)					
4)					
5)					
6)					

PART III: CERTIFICATION

I, the undersigned, hereby certify that the above listed expenses for which reimbursement is claimed are eligible expenses and have been incurred by me during a period which was covered under my employer's parking and transit plan.

Employee Signature

Date

DRIVEN BENEFIT ADMINISTRATORS

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