



# Transportation Claim Form

Email address: \_\_\_\_\_

Employee: \_\_\_\_\_

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

Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### This form should be copied for future use

Plases fill in totals for each available account with dates of service, description, and claim total. The documentation must include the following: Dates(s) of Service, Type of expense (i.e. meter, parking ramp, transit, etc.) Amount of the expense incurred and the Name of the Service Provider.

Check if this is a recurring claim

#### TRANSPORTATION REIMBURSEMENT

Date(s) of Service	Description	Dollar Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		
6.		
7.		
Claim Total:		\$

This is to certify that my statements on this Claim Form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year. I certify that these expenses have not been, nor will be reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I authorize my TRANSPORTATION REIMBURSEMENT ACCOUNT to be reduced by the amount requested.

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

### Reminders

- Sign and date the Reimbursement Form.
- Multiple expenses may be included on one form. If more space is needed, attach additional forms.
- Minimum check amount is \$10.00

Mail completed forms to: **cdhplans**

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