



Mail or Fax To: REIMBURSEMENT ACCOUNTS

P.O. Box 1140

EXETER NH 03833-1140 Phone: 1-888-678-3457 Fax: 1-603-773-4415

Qualified Transportation Expense Plan REIMBURSEMENT FORM

INSTRUCTIONS							
A. EMPLOYEE INFORMATION							
	HE FORM NTATION, IF AVAILAE ENTS ARE PAID DIRI	,					
EMPLOYEE SOCIAL SE	COMPANY NAME THE NEW SCHOOL						
LAST NAME				FIRST NAME	ИЕ		
ADDRESS		CITY		STATE		ZIP CODE	
B. COMMUTER REIMBURSEMENT ACCOUNT EXPENSES							
Please indicate the amount and type of expenses (Parking or Mass Transit) requested for reimbursement. As a reminder, the IRS requires you to retain all receipts.							
DATE (Month / Year)	REIMBURSEMENT ACCOUNT REQUESTED Amount Paid			TYPE OF EXPENSE (Check one box per line)			
(Monary Footy	\$			Parking			
	\$			Parking	☐ Commuter (Transit)		
	\$			Parking	Commuter (Transit)		
	\$			Parking	☐ Commuter (Transit)		
income tax treatment in a 1) I am solely responsible 2) that these expenses a from my federal taxable v 3) they have not been rei 4) when combined with a 5) I request reimburseme	accordance with federal e for submitting proper of the indeed qualified transvages, mbursed from any othe ny other transportation and for transportation and As a remin	r parking and/or mass trans guidelines under Internal Re documentation of my eligible asportation expenses which or r source or previously submit benefits provided by my emp d/or parking expenses incurred der, the IRS requires you to presented by me on this af knowledge.	evenue exper qualify tted for bloyer ed by	e Code Section 13 nses, y for reimbursement, they do not exce me during the pe in all receipts.	32 (f). I undersent and are elicand seed the applications indicated	gible to be excluded able monthly limits. above.	
EMPLOYEE SIGNATURE (Required)					DATE		