

TRANSPORTATION BENEFIT PLAN REQUEST FOR REIMBURSEMENT CLAIM FORM

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| Employer | Submit along with your documentation to: Benefit Extras, Inc. P.O. Box 1815 Burnsville, MN 55337 Ph (952) 435-6858; toll-free 866-435-6858 Fax: (952) 435-8435; toll-free 800-886-8793 Email: flex@benefitextras.com Website: www.benefitextras.com |
| Employee Name | |
| Employee Street Address | |
| City State Zip Code | |

Qualified Parking Reimbursement Request: You must provide bills, invoices, statements from an independent third party, parking receipts or any other evidence showing that the expenses were incurred or paid (cancelled checks will not be accepted).

| Date | Type | For Whom | Cost |
|---|-------|----------|-----------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| Total Qualified Parking Reimbursement Requested: | | | \$ _____ |

Mass Transit Fee Request: You must provide bills, invoices, statements from an independent third party, used transit passes or any other evidence showing that the expenses were incurred or paid (cancelled checks will not be accepted).

| Date | Type | For Whom | Cost |
|--|-------|----------|-----------------|
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ |
| Total Mass Transit Reimbursement Requested: | | | \$ _____ |

Employee Certification: To the best of my knowledge and belief, my statements on this Request for Reimbursement Claim Form are complete and true. I certify all of the following. I used the Transportation Benefit for which I am requesting reimbursement only for purposes of commuting to and from work at the Company. I have received the services described above on the dates indicated and the expenses are my out-of-pocket expenses that qualify as valid Transportation Expenses under the Plan. I have not been reimbursed previously for these expenses under the Plan. These expenses have not been reimbursed or are not reimbursable under any other plan. I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit or to claim reimbursement under another plan. I authorize a deduction in my Transportation Account in the amount of the reimbursement.

Employee Signature _____ Date _____