

FLEXIBLE SPENDING ACCOUNT

Parking/Transportation Expense Reimbursement Request Form

Please send your claims to: Benefit Coordinators Corporation (BCC)

Mail: Two Robinson Plaza, Suite 200 Pittsburgh, PA 15205 | Fax: 412-276-7185 | Download: <https://secure.benXcel.com>

You may also scan/convert your documents to a PDF file and e-mail to: fsa-claims@benxcel.com.

(NOTE: The file size of your e-mail attachment cannot exceed 5MB.)

Visit our homepage at www.benXcel.com for easy-to-access forms! | BCC's Customer Service Center: 1-800-685-6100

EMPLOYER: _____	GROUP NUMBER: _____	Number of Pages (including receipts): _____
EMPLOYEE NAME: _____		Last Four Digits of SSN: _____
YOUR ADDRESS: <input type="checkbox"/> Please check if this is a change in address since you last submitted a claim. _____ Street _____ City State Zip _____ Email Address Fax Number (for return correspondence) _____ Home Phone Work Phone		PLEASE INCLUDE COPIES OF ALL RECEIPTS AND DOCUMENTATION WITH THIS FORM

Instructions – Complete the information below for parking expenses incurred for which you request reimbursement.

- » Parking Expenses are defined as expenses incurred to park your car on or near the business premises of the Employer, or
- » Parking Expenses are those incurred to park your car at a location from which you commute to work by mass transit facilities, a commuter highway vehicle, or carpool.
- » You should always include a receipt for your parking expense when requesting reimbursement. If a receipt is not available (i.e. parking meter, coin box) then you must sign the "employee certification" section of this form in addition to the reimbursement authorization section.
- » Transportation Expenses include: bus, ferry, rail, subway, monorail, streetcars and tramcars. Vanpools also can be included if it is in the business of transporting persons for compensation or for hire and if the seating capacity of the vehicle is at least six adults (not including the driver).
- » Transportation Expenses also include "Transit passes," meaning any pass – token, fare card, voucher or similar item (including an item exchangeable for fare media) – that entitles a person to transportation (or transportation at a reduced price) on mass transit facilities.

Expense Detail	Date	Amount	Type (check one)	Receipt
Item #1	_____	\$ _____	<input type="checkbox"/> parking <input type="checkbox"/> transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item #2	_____	\$ _____	<input type="checkbox"/> parking <input type="checkbox"/> transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item #3	_____	\$ _____	<input type="checkbox"/> parking <input type="checkbox"/> transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item #4	_____	\$ _____	<input type="checkbox"/> parking <input type="checkbox"/> transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item #5	_____	\$ _____	<input type="checkbox"/> parking <input type="checkbox"/> transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL				
Reimbursement Requested		\$ _____		

EMPLOYEE CERTIFICATION

I do not have or a receipt(s) was not available to substantiate my parking expense(s). Therefore, by signing below, I certify that the expenses I have listed are for eligible "parking expenses" as defined in the above paragraph.

EMPLOYEE SIGNATURE (Required)

DATE

EMPLOYEE AUTHORIZATION

To the best of my knowledge and belief, my statements in this Reimbursement Request Form are complete and true. I certify that I have paid for the expenses described above on the dates indicated and that the expenses qualify as valid parking expenses. I certify that these expenses have not been reimbursed under another plan and I may not claim any federal income tax deduction or credit for expenses that are reimbursed. I authorize a deduction in my parking expense account in the amount available in my account.

EMPLOYEE SIGNATURE (Required)

DATE