



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			
<ul style="list-style-type: none"> ▪ COMPLETE SECTIONS A and B (<u>PLEASE PRINT</u>) ▪ SIGN AND DATE THE FORM ▪ ATTACH DOCUMENTATION, IF AVAILABLE. ▪ ALL REIMBURSEMENTS ARE PAID DIRECTLY TO THE EMPLOYEE ▪ IF YOU HAVE QUESTIONS, PLEASE CALL EBPA: 1-888-678-3457 			
EMPLOYEE SOCIAL SECURITY NUMBER	COMPANY NAME THE NEW SCHOOL		
LAST NAME		FIRST NAME	
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)	
	\$	<input type="checkbox"/> Parking	<input type="checkbox"/> Commuter (Transit)
	\$	<input type="checkbox"/> Parking	<input type="checkbox"/> Commuter (Transit)
	\$	<input type="checkbox"/> Parking	<input type="checkbox"/> Commuter (Transit)
	\$	<input type="checkbox"/> Parking	<input type="checkbox"/> Commuter (Transit)
<p>I am submitting this reimbursement request for parking and/or mass transit commuter expenses, which are eligible for favorable income tax treatment in accordance with federal guidelines under Internal Revenue Code Section 132 (f). I understand and confirm:</p> <ol style="list-style-type: none"> 1) I am solely responsible for submitting proper documentation of my eligible expenses, 2) that these expenses are indeed qualified transportation expenses which qualify for reimbursement and are eligible to be excluded from my federal taxable wages, 3) they have not been reimbursed from any other source or previously submitted for reimbursement, and 4) when combined with any other transportation benefits provided by my employer, they do not exceed the applicable monthly limits. 5) I request reimbursement for transportation and/or parking expenses incurred by me during the periods indicated above. <p style="text-align: center;">As a reminder, the IRS requires you to retain all receipts.</p> <p style="text-align: center;">My signature affirms that all information presented by me on this affidavit is full, complete and true to the best of my knowledge.</p>			
EMPLOYEE SIGNATURE (<i>Required</i>)			DATE