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FSA – MASS TRANSIT/PARKING CLAIM FORM

Instructions: Reimbursement are made on approximately the 15th of every month for claims incurred in the previous month. Please send this completed form with proper documentation to **RPG Consultants – FSA Department at the address above**. Please keep a copy of all correspondence for your records. Copies of this form are available at www.rpgny.com.

Documentation: You must complete this form (send original) and attach documentation (copies only – keep originals) to ensure timely reimbursement. This form must be signed and dated and you must include:

- Proof of expense (see below)
- Proof of payment for Parking only (cancelled check, credit card slip or month-end credit card statement).
Credit Card: Attach slip or month-end statement. Check: Indicate check # and include cancelled check front and back.

Eligible Expenses: Please refer to our website at www.rpgny.com for more information. You may also e-mail us at fsa@rpgny.com with any questions. Your contact information below will be used if there are questions about your claim.

Employee Information:

Name: _____ Company Name: _____
 SS#: _____ Date of Birth: _____ Telephone #: _____ E-mail: _____

PLAN YEAR: _____

Parking

You must attach a copy of the monthly parking receipt or bill verifying month, cost and person receiving benefit as well as proof of payment (see above)	Date	Facility	Credit Card/Check #	Amount

Total Parking Expenses: \$ _____

Mass Transit

You must attach a copy of Mass Transit bill verifying the type of service, month and cost.	Date	Transit Agency	Credit Card/Check #/Cash	Amount

Total Mass Transit Expenses: \$ _____

(Additional expenses should be placed on separate forms. Each form treated as individual claim)

I request reimbursement for the attached expenses under the Section 132 Transportation Fringe Benefit Plan established by my company. I certify that I have incurred these expenses during the current Plan Year. Furthermore, I declare that these expenses have not been reimbursed from any other source nor do I expect them to be. I hereby authorize my transportation Reimbursement Account to be reduced by the amount shown above.

Signature: _____ Date: _____