

Section 132 Transit Benefit Plan Reimbursement Request

Transit / Commuting Account (TRN) & Qualified Parking Account (PRK)

I. Employee Information	
Your Employer	Your Name
Day time telephone number: ()	Social Security Number

II. Certification	
I certify that the following reimbursement submissions are for eligible transit/parking expenses I incurred commuting to my employer. I will not receive payment from any other source for any of these expenses.	
Signature: _____	Date: _____

Documentation must be attached to verify all submissions and must include the dates of services. Monthly expenses must be submitted collectively. Cancelled checks and credit card receipts are not sufficient forms of receipt. Acceptable forms of documentation are:

- Receipt from transit pass provider
- Receipt from garage/parking facility
- Receipt from commuter service organization/person

III. Transit / Commuting Reimbursement		
Month of Service	Transit Provider	Cost
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		TOTAL: \$

IV. Qualified Parking Reimbursement		
Month of Service	Garage/Parking Facility	Cost
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		TOTAL: \$

Mail claims to: Advanced Benefit Strategies
30 Mill Street
Unionville, CT 06085

Questions? Phone: 860-675-2261
Toll Free: 877-732-8125
Or, visit our website @
www.abs125.com

Fax claims to: 860-673-2207