



Annual Mass Transit / Parking Claim Form

Please complete this claim form **each plan year** for your ongoing transportation expenses.

Employee Name _____

Company Name _____

FSA Plan Year _____

Mass Transit

Qualified expenses include:

- Passes, vouchers, or other similar means for commuting on mass transit
- Vanpooling (vehicle must seat at least six adults in addition to the driver and a minimum of 80% of the vehicle's mileage is for commuting)

Qualified expenses do NOT include:

- Carpooling
- Gas
- Toll fees

Refer to IRS Code Section 132(f) for a complete description of qualified expenses.

Vendor _____

Recurring Monthly Expense _____

Parking

Qualified expenses include:

- Parking expenses incurred at work
- Parking expenses incurred at a location where you park to commute to work by mass transit

Qualified expenses do NOT include:

- Parking expenses at an employee's home
- Parking expenses that aren't incurred near work (i.e. parking expenses incurred at offsite meetings)

Refer to IRS Code Section 132(f) for a complete description of qualified expenses.

Vendor _____

Recurring Monthly Expense _____

PAYMENT AUTHORIZATION

I request payment from my FSA Transportation Reimbursement Account for the expenses itemized, and understand that the expenses reimbursed cannot be claimed on my individual income tax return. I certify that the expenses itemized and claimed for reimbursement qualify under the plan rules and these expenses have not and will not be paid by any other plan or program of any employer or other person. It is my responsibility to maintain documentation in the event of audit.

I am responsible for furnishing documentation to ESG in the event of any provider changes or when the standing claim amount changes. ESG has the right to request additional documentation to support this claim at any time.

Employee Name (Please Print)

_____/_____/_____
Date

Employee Signature