



Pre-Tax Commuter Claim Form

FAILURE TO COMPLETE THIS FORM IN FULL MAY DELAY PAYMENT

SECTION A – EMPLOYEE DATA (PLEASE PRINT)

Name of Employer: (must complete):

SSN:

Name:

Daytime Phone:

SECTION B – CLAIM ENTRY- PLEASE BE SURE ALL INFORMATION IS ENTERED.

TRANSPORTATION

CLAIMS CANNOT EXCEED \$120/MONTH (2008)

- These expenses must be for a pass, token, fare card, voucher, or similar item for transportation either on mass transit facilities (including BART, Muni, Ferry, Cable Car, etc.) or in a Commuter Highway Vehicle (Vanpool).
- A commuter highway vehicle is any highway vehicle with a seating capacity of at least six adults (not including the driver), and for which at least 80% of the mileage is for the purposes of transporting employees in connection with travel between their residences and their place of employment.
- Individual car pool, bridge fare, or taxi fare does NOT Qualify.
- The transportation must be for travel between your residence and/or Public Transportation Location (i.e. Bart Station, VanPool) and place of employment.

Provider / Vendor	Date(s) of Service	Receiptable		Requested Amount
		YES	NO	\$ _____
_____	_____	YES	NO	\$ _____
_____	_____	YES	NO	\$ _____
_____	_____	YES	NO	\$ _____
TOTAL				\$ _____

PARKING

CLAIMS CANNOT EXCEED \$230/MONTH (2008)

- "Parking expenses" are defined as expenses incurred to park your car on or near the business premises of your employer, or expenses incurred to park your car at a location from which you commute to work by mass transit, commuter Highway Vehicle (Vanpool), or carpool.

Provider / Vendor	Date(s) of Service	Receiptable		Requested Amount
		YES	NO	\$ _____
_____	_____	YES	NO	\$ _____
_____	_____	YES	NO	\$ _____
_____	_____	YES	NO	\$ _____
TOTAL				\$ _____

SECTION C - DISCLOSURE. PLEASE READ AND SIGN BELOW

I request reimbursement for the above expenses. I certify that any transit and/or van pooling expense claimed on this form was for the purpose of transportation, for me, to and from my place of employment. Any van pooling was in a vehicle with a seating capacity of 6 or more adults (not including the driver), and at least 80% of the mileage is for the transportation of employees in connection with travel between their residences and their places of employment.

I certify that the parking expenses submitted on this claim form for reimbursement were for my automobile to be parked either at a site near my place of business or for parking space from which I commute by public transit, van, or carpool. The parking space is not near my place of residence.

I certify that I have included any available proof of the claims that I have made above. The claims made here are pursuant to IRS Code Section 132 and I understand that any falsification is subject to penalty under law.

I hereby certify that all of the above claim information is true and correct and compliant with the rules of the plan.

Date:

Employee Signature:

Attach proof of expense and send completed form to:

BENEFIT DYNAMICS
a division of Pension Dynamics Corporation

*2300 Contra Costa Blvd., Suite 400 Pleasant Hill, CA 94523-3955 *Main (925)-956-0514 *Fax (866) 320-1931