



# 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): \_\_\_\_\_

Last 4 of SSN: _____	Name: _____	Daytime Phone: _____
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**SECTION B – CLAIM ENTRY- PLEASE BE SURE ALL INFORMATION IS ENTERED.**

**TRANSPORTATION**

**CLAIMS CANNOT EXCEED \$230/MONTH**

- 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	\$ _____
<b>TOTAL</b>				<b>\$ _____</b>

**PARKING**

**CLAIMS CANNOT EXCEED \$230/MONTH**

- "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	\$ _____
<b>TOTAL</b>				<b>\$ _____</b>

**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: _____
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**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 Phone: (925)-956-0514 \*Fax: (866) 320-1931 \*E-mail: Benefits@PensionDynamics.com