

# TRANSPORTATION REIMBURSEMENT FORM

**Company:**

<b>Employee Name</b>	<b>Member ID #</b>
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**Home Address**     Check here if new address

<b>Transit Expenses</b>			
	<b>Date Incurred</b>	<b>Mass Transit Provider</b>	<b>Expense Amount</b>
<ul style="list-style-type: none"> <li>Complete this section for unreimbursed, qualified transit expenses. Attach receipt for each item listed.</li> <li>Receipt must be voucher, transit pass, or similar item purchased for transportation to and from work on a bus, subway, train or ferry.</li> <li>Van Pooling with a commuter highway vehicle must meet the following requirements:                             <ul style="list-style-type: none"> <li>Must seat six or more adults not including the driver</li> <li>At least 80% of the mileage use is for the purpose of transporting employees between work/residence</li> </ul> </li> <li>Carpooling expenses are not covered.</li> <li>Canceled checks are not sufficient as proof of an incurred expense.</li> <li>Reimbursement for expenses incurred in any one calendar month cannot exceed the maximum monthly amount specified by IRS Regulations.</li> </ul>			
<b>Total Amount Requested</b>			

<b>Parking Expenses</b>			
	<b>Date Incurred</b>	<b>Parking Provider</b>	<b>Expense Amount</b>
<ul style="list-style-type: none"> <li>Complete this section for unreimbursed, qualified parking expenses. Attach receipt for each item listed.</li> <li>Qualified parking expenses include the cost of parking your car at a facility located at or near your office location (e.g. parking garage or lot) or cost of parking at a facility located at or near a location from which you commute to work (e.g. Metro parking lot).</li> <li>Canceled checks are not sufficient as proof of an incurred expense.</li> <li>Reimbursement for expenses incurred in any one calendar month cannot exceed the maximum monthly amount specified by IRS Regulations.</li> </ul>			
<b>Total Amount Requested</b>			

<b>Participant Statement</b>	
<p>I certify that all expenses requested for reimbursement were actually incurred during a period while the employer employed me, and the expenses have not been and will not be reimbursed from any other source. I further certify that I incurred these expenses only for the sole purpose of commuting to and from work at my place of employment. I understand that I am fully responsible for the accuracy and validity of all information relating to this claim. In addition, I have not claimed more than the allowed maximum for qualified Mass Transit and Parking Expenses.</p>	
<b>Participant signature</b>	<b>Date</b>
<p><b>Please mail or fax claim forms to:</b>  <b>Amwins Connect Administrators</b>  <b>PO Box 4368</b>  <b>Lutherville, MD 21094</b>  <b>Fax: 410-321-8053</b></p>	<p style="text-align: center;"><a href="mailto:gbs.fsacustomerservice@amwins.com">E-Mail: gbs.fsacustomerservice@amwins.com</a></p> <p style="text-align: center;"><b>Phone: 1-800-337-4973 (Option 6, Option 2)</b></p> <p style="text-align: center;">****PLEASE DO NOT MAIL ORIGINALS****</p>