

Complete the information below for Transportation/Parking Expenses incurred or paid by you. You must provide bills, invoices, statements from an independent third party, used transit passes or other evidence showing the Expenses were incurred or paid (canceled checks are not accepted). Be sure to provide all information requested by this Form. Any incomplete form will be returned. Please date and sign the Form and send it along with your supporting documentation to Paylocity.

EMPLOYEE INFORMATION			
Full Name:		Address:	
Company:			
Social Security #:		Has your address changed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

TRANSPORTATION/PARKING REIMBURSEMENT									
	Date Paid mm/dd/yyyy	Service Start Date mm/dd/yyyy	Service End Date mm/dd/yyyy	Type of Expense		Mass Transit/Parking Provider	Receipt Provided?		Amount
				Transit	Parking		Yes	No	
1.									\$
2.									\$
3.									\$
4.									\$
5.									\$
Total Amount Claimed									\$

Eligible expenses that are incurred must be submitted for Reimbursement on a completed claim form to the claims administrator within 180 days of the date you incur the expense.

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed were incurred during the current period under the company's Plan. The undersigned participant in the Plan understands that expenses are "incurred" when a service is performed or care is provided, not when the bill is paid. The undersigned certifies that all expenses for which reimbursement or payment is claimed on this form were incurred on the dates of service stated above. The undersigned fully understands that he or she is alone fully responsible for the sufficiency, accuracy, and veracity of all the information relating to this claim and unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including Federal, State, or City income tax on amounts paid from the Plan which relate to such expense.

Employee Signature: _____ Date: _____

Submit your claim electronically through the Employee Portal, via our mobile app, or send to Paylocity:

Secure Email: batinfo@paylocity.com • Fax: 314-909-6983 • Mail: Benefit Administration Technologies Inc. PO Box 7410394 Chicago, IL 60674-0394

IRS Guidelines: Receipts submitted, must show the following information: (1) Date paid for service, (2) Period covered, (3) Mass transit provider, and (4) Amount of charge. Canceled checks and credit card slips are not allowable receipts.

Additional Notes: To ensure you are reimbursed, all claims must be received by Paylocity no later than 3:00 p.m. CST Friday for weekly processing to be reimbursed the following Thursday. If you terminate employment, any expenses incurred after your termination date are not eligible for reimbursement.