



# Request for Reimbursement from Transportation Benefit Form

## Instructions

Please complete all information on the reverse and follow the instructions below. One form may be used for multiple expenses. Claims may be submitted electronically through MyFlex at <https://hrbenefitsdirect.com/PSA/signIn.aspx> or [PacificSource.com/PSA/signIn.aspx](https://PacificSource.com/PSA/signIn.aspx) or by mail or fax. Only one method of requesting reimbursement is necessary. If you have a question or would like assistance completing this form, please call us at (541) 485-7488 or (800) 422-7038 and we will be happy to assist you.

- Please remember that the date of service must be indicated on this form. This is the time frame for the transportation and parking, not the date it was purchased.
- There is a monthly maximum amount allowed for reimbursement. If you are unsure what your maximum is, please contact your employer.
- Reimbursement requests must demonstrate expenses on a monthly basis, as this account reimburses only up to monthly contribution amounts.
- Documentation of expenses, such as cancelled checks, billing, parking stubs, etc., must be attached to this form.
- Please retain originals of the bills/forms submitted for your personal tax records. We store documents electronically and destroy the originals after processing; therefore, originals will not be returned to you. Incomplete forms or those received without proper documentation attached cannot be processed. If this happens, you will receive a letter of explanation.

## Frequently Asked Questions

**What is “adequate substantiation”?** A third party receipt is typically required if it is provided to you as a regular business practice (e.g., parking lot receipt). Certification that you used the service for which you are requesting reimbursement is also required and is satisfied by filling out this form.

**What Transit and Vanpooling Account expenses are eligible for reimbursement?** Any transit pass, including any pass, token, fare card, voucher, or similar item entitles you to use this benefit. On mass transit facilities, services may be provided by any person in the business of transporting persons for compensation or hire. With regard to a commuter highway vehicle, the seat capacity of the vehicle must be at least six adults (not including the driver) and at least 80 percent of the mileage must be for the purpose of transporting employees to and from work.

**What Parking Account expenses are eligible for reimbursement?** Daily, weekly, and monthly parking fees are eligible for reimbursement, including parking fees for mass transit.

**Are taxis eligible for reimbursement?** A taxi ride to and/or from work is eligible if the taxi has a seating capacity of at least six adults, excluding the driver.

**Please send the completed form to** PacificSource Administrators, PO Box 2797, Portland, OR 97208; (541) 485-7488, (800) 422-7038; fax (866) 446-6090



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## Employee

Employer \_\_\_\_\_ 11-digit Member ID \_\_\_\_\_  
 Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  Check if address is new  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Email \_\_\_\_\_

## Transportation Expenses

Per IRS guidelines, please attach appropriate documentation (explained on the reverse). One form may be used for multiple expenses. Do not send original documentation.

Transit and Vanpooling	Parking	Amount	Period of Service
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	_____ to _____
Total reimbursement (add amounts)		\$ _____	

Transportation expenses may include a transit or bus pass, or commuter highway vehicles, such as carpool or vanpool vehicles.

## Authorization

To the best of my knowledge, my statements on this form are complete and true. I am claiming reimbursement only for eligible expenses incurred for eligible plan participants during the applicable plan year. I certify that these expenses have not been, nor are they expected to be, reimbursed under this or any other benefit plan, and will not be claimed as income tax deduction. I have read and understand the information provided on the reverse of this form. I authorize my transit and vanpooling or parking account to be reduced by the amount requested above.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

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