Payroll Management
Transportation Reimbursement
Claim Form

Remit To:
125Admin.com
Attn: Payroll Management
10716 Carmel Commons Blvd. Ste 150
Charlotte, NC 28226
Fax: 888-923-9977
Email: claimprocessing@125admin.com

EMPLOYEE INFORMATION (Please Print)

Employer Name:						Daytime Phone:	
Employee Name:						SSN #:	
Employee Address:						Apt/Suite:	
City:		State:		Zip:		E-Mail:	

PLEASE NOTE: Claims that are not listed on this form cannot be processed. You must complete each field below for each claim you are seeking reimbursement for and attached supporting documentation.

Commuter Highway/Vehicle/Transit Pass Expenses *(Attach supporting documentation)*

Dates of Service		Amount	Type of Expense
From:	To:		
Calculate Total			

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT: Please read carefully and sign.

I certify that the claims listed above are a true and accurate statement of all expenses incurred by my eligible dependents or me on the date(s) indicated, and were incurred while I was covered under the Flexible Spending Account(s). Supporting documentation from my service provider(s) for all expenses is attached to this claim form. I understand that I cannot claim any reimbursed expenses from the plan on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax and any associated penalties on the amounts paid for any expense improperly claimed under the provisions of the Flexible Spending Account(s).

Employee Signature: _____ **Date:** _____

Internal Use Only: **Date Received:** _____ **Date Entered:** _____