

CLAIMS SHEET

TRANSPORTATION BENEFIT

CLAIMS FOR: _____
Employee Name

EMPLOYER: _____

This is to certify that I have incurred expenses in the amounts shown below that qualify for reimbursement under the provisions of my employer's Transportation Benefit Program.

TRANSPORTATION BENEFIT REIMBURSEMENT EXPENSES:

Mass Transportation Expenses \$ _____

Parking Expenses \$ _____

I am attaching written documentation for the expenses shown above. This documentation shows payee, effective dates and specific charges as required for reimbursement. I certify that these expenses were used for the purpose of traveling to or from my workplace and that these expenses are not reimbursable from any other source.

Date

Employee Signature

SEND CLAIMS TO: PROFESSIONAL BENEFIT SERVICES, INC. 1193
ROYVONNE SE, SUITE 22 SALEM, OR 97302 Phone 1-800-982-2012, 503-371-
7622 Fax 503-364-6901