



All claims must be in our office **5 working days** prior to your scheduled check run.

# Parking and Transportation Flexible Spending Account Claim Form

## PARTICIPANT PROFILE

PARTICIPANT NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

## REIMBURSEMENT REQUEST

Please complete the request below and attach a copy of a Receipt or an Itemized Statement with service, service provider and payment dates to this form and retain copies for your records.

AMOUNT REQUESTED	DATES OF SERVICE	
\$	FROM	TO
\$	FROM	TO
\$	FROM	TO
\$	FROM	TO

\$  TOTAL AMOUNT REQUESTED

## AUTHORIZATION

I certify that this information is correct, complete and meets all requirements for eligible expenses under IRS Publications 5137 for a Parking and Transportation Flexible Spending Account.

PARTICIPANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

## CLAIMS ADDRESS

PO Box 1349 WAKE FOREST, NC 27588  
ATTN: CONSUMER ACCOUNTS DEPARTMENT  
PHONE: 919-877-9933 EXT 5052 FAX:919-562-0021