MAIL TO:
PayFlex Systems USA, Inc.
P.O. Box 3039
Omaha, NE 68103-3039
(402) 345-0666

www.mypayflex.com

PARKING AND TRANSPORTATION CLAIM FORM

FAX TO:
PayFlex Systems USA, Inc.
(402) 231-4310
(No Cover Page Required)
Page 1 of _____

Employee Name _____ **SSN** _____ - _____ - _____

Employer Name _____

Note: To make an address change, please contact your HR/Benefits office. For security purposes, we cannot accept address changes directly.

Transportation Claims

You may submit your claim for reimbursement at the end of each month. Complete this form and attach an itemized statement from the provider showing the amount of your expenses. The itemized statement must include the provider name/address, date the service was provided, description of the type of service provided, and the dollar amount. The amount requested on this claim form below may not exceed these amounts per month:

- Parking - $205 for 2006, $215 for 2007
- Transit Passes/Van-pooling combined - $105 for 2006, $110 for 2007

*****Information below must be completed—"See Attached" is not acceptable.*****

Parking

Parking Service Provider Name	Month of Service Month	Year	Amount
		Total	$

Transportation

Transit Passes-Bus, Ferry, Rail, Subway, Van-pooling Provider Name	Month of Service Month	Year	Amount
		Total	$

I certify that I have actually incurred these eligible expenses. I understand that expense incurred means the service has been provided that gave rise to the expense, regardless of when I am billed or charged for, or pay for the service. The expenses have not been reimbursed or are not reimbursable from any other source. I understand that any amounts reimbursed may not be claimed on my or my spouse's income tax returns. I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

Employee Signature _____ ***Date*** _____

*****Make copies for yourself, since these documents will not be returned. If you fax your claim, keep the original.*****

Rev. 11/2006