



Commuter Benefits (Parking/Transit) Claim Form

Your Name (Last, First, MI)		Social Security No. or EID or PIN		Your Employer Name	
Address			City	State	Zip Code

Parking Account Claims

Attach documentation or a receipt to substantiate the expenses you are claiming. The receipt or documentation must include the parking facility name, the date range of parking, and the dollar amount paid. If receipts are not provided in the ordinary course of business please explain below.

Date of Parking		Name of Parking Facility	If documentation is not available, explain why it is not provided by the parking facility. <i>(For example, metered street parking does not provide a receipt.)</i>	Amount Requested
Start Date	End Date			
				\$
				\$
				\$
Total				\$ 0

Transit/Van Pooling Account Claims

Attach documentation or a receipt to substantiate the expenses you are claiming. The receipt or documentation must include the transit authority name, the date of transportation, and the dollar amount paid. If receipts are not provided in the ordinary course of business please explain below.

Date of Transportation		Name of Transit Authority	If documentation is not available, explain why it is not provided by the transit authority. <i>(For example, cash paid for bus; bus does not provide a receipt.)</i>	Amount Requested
Start Date	End Date			
				\$
				\$
				\$
Total				\$ 0

I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred by me during a period while I was covered under my employer's Commuter Benefit Plan and that the expenses have not been reimbursed and reimbursement will not be sought from any other source. I certify that the expenses were incurred by me for the purpose of commuting to and from my place of employment. I understand that I am fully responsible for the accuracy of all information relating to this claim, and that unless an expense for which reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense. A claim will only be processed with a completed and signed claim form and correct documentation. I understand IRS regulations establish the amount that can be reimbursed each month and that these amounts are subject to change and without notice.

Employee Signature _____ Date _____

Claim Filing Requirements

1. **Print your name, address, social security number or employee ID (EID) as appropriate and your employer's name. If you do not provide the correct identifying number, your claim may be delayed or returned.**
2. **List expenses by date & arrange the supporting statements in the same order.** Highlight or circle the service dates on your documentation. If you have several statements from the same provider for the same month, you may subtotal them and list them on one line with a range of days.
3. **Enclose required documentation.** Federal Regulations require you to provide a written statement from the provider of the service that supports your claim if the provider provides receipts or other documentation in the ordinary course of its business. If the provider does not provide receipts or other documentation, explain the situation in the column labeled "Attach proof of expense or explain why it is not available in the ordinary course of business." If the provider normally provides documentation such as receipts you must provide a copy with your claim. The documentation must show:
 - The name provider,
 - The date or range of dates of parking, travel, or payment. You may not claim expenses for more than one month on one line.
 - A description of the service provided (for example, "April 2005 parking" or "May 2005 bus fare"), and
 - The cost of the service or the amount paid.
4. **Sign** the claim form.
5. **Keep** copies for your tax records.
6. **Mail** to the address on the front of this form or **Fax to (573) 874-0425**. This is not a toll-free number. Employee use of an office fax machine may not be appropriate. Please check with your employer before using an office fax machine.

Federal regulations limit the amount of parking for which you can be reimbursed each month. These regulations also limit the amount of transit/van-pooling for which you can be reimbursed each month. These limits cannot be combined. Since they change each year, please check with ASI for the current limits.

Please do not claim expenses for more than one month on one line since reimbursements are limited by month.

Contact ASI at asi@asiflex.com , www.asiflex.com. Or toll-free at (800) 659-3035 M-F 7:00 AM - 7:00 PM Central Time

Claim forms: You may copy this form, obtain forms on the Internet at <http://www.asiflex.com>, or request them from your personnel/payroll office, or call ASI at 1-800-659-3035.

Claims payment and account information available 24 hours a day 7 days a week: - Complete history including available funds *on the Web* at www.asiflex.com (Account Detail). You will need your P.I.N., which you can find on your enrollment confirmation.