Transportation Management Reimbursement Claim Form

Employer: _____

Name: _____ **Employee ID:** __ __ __ __
(last 4-digits of SSN)

Email Address:_____

Transportation Management Claims

Date	Name of Service Provider	↓ Select One ↓			↓ Select One ↓		Amount Incurred
		Qualified Parking	Mass Transit	Highway Vehicle	MBI Debit Card	Request for Reimbursement	
		Total Transportation Expenses					

PLEASE NOTE: *You must provide bills, invoices, statements from an independent third party, parking receipts, used transit passes or other evidence showing that the Expenses were incurred or paid (credit card receipts and/or cancelled checks will not be accepted). If the Form is incomplete, it will be returned to you and your claim will not be processed.*

READ CAREFULLY

To the best of my knowledge and belief, my statements in this Form are complete and true. I certify all of the following. I used the Transportation Benefit for which I used my MBI Debit Card or am requesting reimbursement above **only for the purposes of commuting to and from work at my Employer**. I have received the services described above on the dates indicated, and the expenses qualify as valid Transportation Expenses under the Plan. These expenses have not been reimbursed or are not reimbursable under any other plan. I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit, or to claim reimbursement under another plan.

_____ _____ _____

Employee's Signature **Date** **Daytime Telephone Number**

Leggette Actuaries, Inc.
4131 North Central Expressway, Ste 1100, Dallas, TX 75204
800-388-4015 Tel 214-443-0606 Fax Flex@Leggette.com