

TAI**Commuter Reimbursement Plan™****ONLINE****Affidavit • Transit or Parking Expenses Without Receipt***All Information Required - Print Clearly - Sign & Date Below***► EMPLOYER** _____

Employee _____ Social Security # _____

Home Address (Street) _____ Check box if: New Address

City _____ State _____ Zip code _____

Daytime Phone () _____ Check box if Terminated: Date Terminated: _____

E-Mail Address _____

► HOW TO FILE A CLAIM

- (1) Complete this Form listing your total expenses. You may file a claim as often as you like, but annual claims in advance of expenses are not permitted without receipts. Retain a duplicate set for your records. SIGN and DATE the form.
- (2) Mail your claim to Trust Administrators, Box 20710, Oakland, CA 94620
[Be sure your postage is correct]

Questions? (800) 932-3539 • Fax Claim: 510-451-8611 • www.trustadmin.com**► CERTIFICATION**

Indicate type of expense

 Parking Transit

List below the actual LOCATION (street address, city, state) of destination not providing receipt(s):

_____**AMOUNT CLAIMED** [Monthly • Weekly • Daily]

[Circle the one above that applies]

\$

By my signature below, I certify the amount requested is accurate and any incorrect information may result in the loss of CRP tax benefits. If I change my parking or transit arrangement to one that provides receipts, I will notify TAI as soon as possible by filing the Claim Form requiring documentation. Lastly, I will not claim duplicate expenses from any other CRP.

► Employee Signature _____ **Date** _____