

TAI**Commuter Reimbursement Plan™ • Claim Form****ONLINE***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 expenses. You may file a claim each month or a single claim for the entire year. Attach a copy of your transit ticket or parking receipt. 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**COMMUTER EXPENSES**

| DESCRIBE EXPENSE TRANSIT • VANPOOL • PARKING | INDICATE PERIOD OF SERVICES (Monthly or Annual) | AMOUNT CLAIMED |
|---|--|--|
| | | |
| | | |
| | | |
| | | |
| TOTAL | | \$ <input style="width: 100px;" type="text"/> |

Vanpool License Number: _____

Filing Annual Claim - if your expenses are the same each month, file a claim for the amount elected, attach a sample transit ticket or parking receipt and you will not have to file another claim unless your transportation mode changes (bus to train), then submit a new annual claim with sample receipts.

▶ Employee Signature _____ **Date** _____

I certify that the amount requested is accurate and the attached documentation represents a sampling of my transportation expenses. I understand that I may not claim duplicate expenses from another CRP.