

**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](http://www.trustadmin.com)****COMMUTER EXPENSES**

DESCRIBE EXPENSE TRANSIT • VANPOOL • PARKING	INDICATE PERIOD OF SERVICES (Monthly or Annual)	AMOUNT CLAIMED
<b>TOTAL</b>		<b>\$</b> <span style="border: 1px solid black; display: inline-block; width: 80px; height: 20px; vertical-align: middle;"></span>

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.