COMMUTER BENEFIT PLAN

AFFIDAVIT • TRANSIT OR PARKING EXPENSES WITHOUT A RECEIPT

CBP

Print Clearly

Employer Name _____

Employee Name _____ Social Security# _____

Home Address (Street) _____

City _____ State _____ Zip Code _____

Daytime Phone (_____) _____

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 or a single claim for the entire year after you incurred expenses.
(2) SIGN and DATE the form.
(3) Mail your claim to Trust Administrators, Box 20710, Oakland, CA 94620
[Be sure your postage is correct] • You may also fax your claim to TAI.

Questions? 800-932-3539 • Fax Claim: 510-451-8611 • www.trustadmin.com

CERTIFICATION

Indicate Type of Expense: [ ] Mass Transit [ ] Parking

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

_____

_____

_____

Check the one that applies:

AMOUNT CLAIMED

[ ] Annual [ ] Monthly [ ] Weekly [ ] Daily $ _____

I certify by my signature below that the amount requested is accurate and any incorrect information may result in the loss of CBP tax benefits. If I change my transit or parking facility or location 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 CBP.

Employee Signature _____ Date _____