

**Request for  
Reimbursement from  
Transportation Benefit**



PO Box 2797 ♦ Portland, OR 97208-2797  
Phone (541) 485-7488 ♦ (800) 422-7038  
FAX (866) 446-6090  
PacificSource.com/PSA

**EMPLOYEE INFORMATION**

Employer \_\_\_\_\_ 11-digit ID Number \_\_\_\_\_

Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Employee Mailing Address (Street) \_\_\_\_\_ (Apt. #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please check if address above is new

**REIMBURSEMENT REQUEST**

Type of Expense (Check one)

**Note:** A Transportation expense may include a transit or bus pass, or commuter highway vehicles, such as carpool or vanpool vehicles.

Transportation	Parking	Amount	Period of Service	
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____

**Total Requested** \$ \_\_\_\_\_

Please provide documentation of expenses, such as cancelled checks, billings, parking stubs, etc. See reverse of this form for other important information. Do not send original documentation.

**AUTHORIZATION**

To the best of my knowledge, my statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses and only for myself. I certify these expenses have not been nor are they expected to be, reimbursed by any other entity, and will not be claimed as an income tax deduction. I have read and understand the information on the reverse of this form.

\_\_\_\_\_  
Employee Signature (required)                      Date

**Total number of pages faxed:** \_\_\_\_\_

## **IMPORTANT INFORMATION REGARDING REIMBURSEMENT FROM YOUR TRANSPORTATION BENEFIT**

Please read before submitting your request.

- **Please complete all information on the Request Form.** If you have questions or need assistance, you are welcome to contact us by phone at (541) 485-7488 or (800) 422-7038.
- Please remember that the date of service must be indicated on the Request Form. This is the time frame that the Transportation or Parking is for (e.g. June 1 - June 30), **not** the date it was purchased.
- There is a monthly maximum amount allowed for reimbursement. If you are unsure what your maximum is, please contact your employer.
- Reimbursement requests must demonstrate expenses on a monthly basis, as this account reimburses only up to monthly contribution amounts.
- Documentation of expenses, such as cancelled checks, billings, parking stubs, etc., must be submitted along with this form.
- Please retain originals of the bills/forms submitted for your personal tax records. We store documents electronically and destroy the originals after processing; therefore, originals will not be returned to you. Incomplete Reimbursement Request Forms, or those received without proper documentation attached, cannot be processed—if this happens, you will receive a letter of explanation.