



## Request For Reimbursement Qualified Transportation & Parking Benefits

2500 Northwinds Parkway  
Suite 400  
Alpharetta, Georgia 30009  
Telephone (770) 569-0080  
Toll-Free (800) 647-3709  
Facsimile (770) 569-0211  
E-Mail: [questions@ebsatlanta.com](mailto:questions@ebsatlanta.com)  
Forms & Account Status available at  
[www.ebsatlanta.com](http://www.ebsatlanta.com)

Employee's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Home Address \_\_\_\_\_ Group Name (Employer) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Daytime Telephone \_\_\_\_\_  
 Check here if this is a new address E-Mail Address \_\_\_\_\_

**PART 1 – QUALIFIED TRANSPORTATION BENEFITS** (for work related mass transit or vanpooling)

Type of Transportation Service	Date Services Provided From : To	Name of Transportation Service Provider	Amount Claimed
<b>Total Qualified Transportation Benefits Claimed</b>			

**PART 2 – QUALIFIED PARKING BENEFITS** (for work related parking expenses)

Date Services Provided From : To	Name of Parking Lot/ Service Provider	Amount Claimed
<b>Total Qualified Parking Benefits Claimed</b>		

**EMPLOYEE CERTIFICATION** (Required)

Internal Revenue Code 26 USC 132(f) which permits your employer to offer you a tax-free benefit to commute to work requires you to execute this form under oath. By signing and submitting this Form, you hereby attest, subject to criminal penalties for submitting a false statement, that the information provided in this Qualified Transportation & Parking Reimbursement Claim Form is true and correct and contains no misleading information.

X \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE AFFIDAVIT IF NO RECEIPT AVAILABLE** (sign only if receipts are not available)

In addition to the above certification, I hereby state that the parking facility that I use so that I may work does not provide receipts. I am providing this affidavit in lieu of a receipt from that facility.

X \_\_\_\_\_ Date: \_\_\_\_\_