

**Request for
Reimbursement from
Transportation Benefit**



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

EMPLOYEE INFORMATION

Employer _____ Social Security 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)

Transit

Pass	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 Transit Pass 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 be made monthly; requests for reimbursement cannot span several months.
- 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.