

# Commuter Benefit Reimbursement Request Form

Use this form to request reimbursement from your applicable commuter account. Please be advised that the IRS may have rules that prevent your employer from allowing cash reimbursement for transit pass purchases. If this is the case, a claim denial notice will be sent to you.

## INSTRUCTIONS

- Complete** all applicable sections of this form. Remember to sign and date the bottom of this form.
- Attach** all supporting documentation.
- Submit** this completed form to Igoe Administrative Services for review via:
  - Secure upload through your personal account at [www.goigoe.com](http://www.goigoe.com)
  - Email to [flex@goigoe.com](mailto:flex@goigoe.com)
  - Fax to 800-456-9083
  - OR Mail to Igoe Administrative Services, P.O. Box 501480, San Diego, CA 92150-1480
- Tips**
  - Transportation expenses **MUST** be listed according to the calendar month in which the expense was incurred.
  - Please allow up to 4 business days for your completed request to be updated online.
  - Receipts are required in order to receive reimbursement when receipts are available to you. Please make every attempt to get a receipt when using qualified commuter related services. Original copies should be retained for your personal records.
- Questions?** Please contact Participant Services at [flex@goigoe.com](mailto:flex@goigoe.com), 1-800-633-8818, Opt# 1.

## Section A: About You \*(All information is REQUIRED. Please print clearly)

Employer Name			
Participant Name	Number of pages	Employee Number (If Applicable)	
Home Address <input type="checkbox"/> <small>Please check if this is a change in address</small>	City	State	Zip
E-mail Address		Phone Number	

When using this form interactively, please click the  to select the proper expense type.

If you are printing this form, please print the expense type that applies from the following options: Transit Pass, Carpool, Parking, Bicycle.

## Section B: Commuter Expense Incurred (for participant and all federal tax dependents)

DATES COVERED	EXPENSE TYPE	DESCRIPTION OF EXPENSE (OPTIONAL)	NET AMOUNT
-			\$
-			\$
-			\$
-			\$
-			\$
-			\$
-			\$
-			\$
<b>TOTAL COMMUTER EXPENSES</b>			<b>\$</b>

## Section C: Authorization \*REQUIRED (PLEASE SIGN AND DATE)

As a participant in the Plan, I certify that all above expenses were incurred during my active enrollment in the Section 132 Transportation Reimbursement Plan and that the expenses have not been or are not being reimbursed under any other benefit plan or charged to my employer's Benefits Card (if applicable). I understand that I am fully responsible for the sufficiency, accuracy, and validity of all information relating to this request. I further acknowledge that each expense for which payment or reimbursement is requested must be a proper expense under the Plan. If not, I understand that I may be liable for the payment of all related taxes including Federal, State or City Income Tax on amounts reimbursed. I further understand that **NO TAX DEDUCTION IS PERMITTED FOR AMOUNTS FOR WHICH REIMBURSEMENT IS MADE.** Having agreed to all of the proceeding statements, I authorize the applicable account in my name to be reduced by the amount requested and reimbursed to me according to my employer's reimbursement schedule and method.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

