



TRANSPORTATION PLAN ∞ REIMBURSEMENT REQUEST FORM

Igoe Administrative Services recommends utilizing the upload feature available via your on-line account at www.goigoe.com when submitting your reimbursement request. This method provides protection for your personal information in addition to confirmation of receipt. You may also email your request and all supporting documentation to flex@goigoe.com. Please refer to the instructions listed on page 2 of this form if electronic capabilities are not available to you.

INSTRUCTIONS: INCLUDE RECEIPTS AND DOCUMENTATION WITH THIS REQUEST FORM

1. Transportation expenses **MUST** be listed according to the calendar month in which the expense was incurred.
2. **Complete** all applicable sections of this form. **Remember to sign and date the bottom of this form.**
3. **Requests must be received** no later than 5:00 p.m. PST four (4) business days prior to your company's scheduled reimbursement processing day in order to allow adequate time for auditing.
4. **See the reverse side of this form for additional instructions and for a timeline on requesting reimbursement.**

I hereby request reimbursements for Transportation and/or Parking Fees:

- Attached are receipts for qualified transportation and/or parking fees I have incurred.
- Receipts were not offered and it is my belief that they are not available. I hereby certify that I have received the services listed, paid the amounts I am requesting to be reimbursed and believe that I am entitled to reimbursement for the amounts shown in this request.

SECTION A: ABOUT YOU (Please print clearly) **** ALL INFORMATION IN THIS SECTION IS REQUIRED**

Employer Name			
Participant Name		Number of pages	First 5 digits of the Participant SSN
Home Address	<input type="checkbox"/> Please check if this is a change in address	City	State Zip
E-mail Address			Phone Number

SECTION B: TRANSPORTATION EXPENSES INCURRED (for participant and all tax dependents)

DATES COVERED	DESCRIPTION OF EXPENSE	NET AMOUNT
-		\$
-		\$
-		\$
-		\$
Total Transportation Expenses		

SECTION C: PARKING EXPENSES INCURRED

DATES COVERED	DESCRIPTION OF EXPENSE	NET AMOUNT
-		\$
-		\$
-		\$
-		\$
Total Parking Expenses		

SECTION D: 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. I understand that I am fully responsible for the sufficiency, accuracy, and validity of all information relating to this request. Each expense for which payment or reimbursement is requested must be a proper expense under the Plan. If not, 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**. I authorize the account in my name to be reduced by the amount requested.

PARTICIPANT'S SIGNATURE: _____ DATE: _____]

Additional Instructions for Submitting Reimbursement Requests

Timeline for Submitting Your Reimbursement Request

In order to guarantee that your request is processed, your reimbursement request **MUST** be received **four (4) business days** prior to your company's scheduled processing date. Requests that are received after this time may remain pending until the next scheduled processing date. Please refer to your **Plan Highlights** for your company's processing cycle. Please see the timeline below for an estimate of the time required for audit and entry of your request into the Igoe systems. Please note that **holiday closure WILL** change the timeline indicated below by **increasing** the amount of time required for your request to be audited and entered into our system to await your company's scheduled processing date. Requests submitted over the weekend are considered received on Monday or the next business day in the event of a holiday.

Request is submitted prior to 5:00 PST on one of the following business days :	Monday	Tuesday	Wednesday	Thursday	Friday
Request is ready for processing and viewable online for verification:	Friday	Monday	Tuesday	Wednesday	Thursday

Please Remember the Following When Submitting Your Reimbursement Request

- Complete **ALL** applicable sections on reverse side.
- Submit your reimbursement request and proof of expenses if applicable using one of the following methods:
 - Log on to your secure Flex Account at www.goigoe.com, select the "Upload Forms" option and attach your scanned reimbursement request and all substantiating information. Please note that this is the only option that protects your personal information.
 - Attach your Request and all substantiating information to an email and send it to flex@goigoe.com
 - Fax your Request and all substantiating information to 858-777-5424; 888-357-6307
 - Mail your Request and all substantiating information to: Igoe Administrative Services, P.O. Box 501480, San Diego, CA 92150-1480
- Reimbursement requests must be submitted within eligible time periods. Please verify this information by referring to your **Plan Highlights** or by contacting your company's Benefits Department.
- Reimbursements are not assignable and can only be payable to you, the participant – not a relative, spouse or provider.
- If you have any questions about or would like to check the status of your reimbursement request, visit the Igoe Administrative Services website at: www.goigoe.com. You may also email your question to: flex@goigoe.com.