PARKING & TRANSIT CLAIM FORM

HR SIMPLIFIED

A. ACCOUNT HOLDER INFORMATION -- COMPLETE FOR ALL CLAIMS (PLEASE PRINT CLEARLY)			
EMPLOYER NAME:		This claim applies to the plan year ending on:	
EMPLOYEE NAME:	Last:	First:	Middle Initial:
MAILING ADDRESS:	Street:	City:	State: Zip:
Social Security Number or Employee ID:		E-Mail Address:	

REMINDER: As of January 1, 2019, Pre-Tax Transit Maximum Reimbursement is $265.00 and Pre-Tax Parking Maximum Reimbursement per month is $265.00.
****To prevent any delays in processing your claim(s), Please request your claim(s) month by month.****

B. TRANSIT REIMBURSEMENT -- Please submit your claim(s) month by month.

Date of Service (example: 01/01/19 to 01/31/19) From	To	Please check a box for Post-Tax	Service Provider (Example: Clipper, Bart, Muni)	Amount of Claim
		☐ Post-Tax		$
		☐ Post-Tax		$
		☐ Post-Tax		$
		☐ Post-Tax		$
		☐ Post-Tax		$
			Total Amount	$

C. PARKING REIMBURSEMENT -- Please submit your claim(s) month by month.

Date of Service (example: 01/01/19 to 01/31/19) From	To	Please check a box for Pre-Tax or Post-Tax	Service Provider (Example: Clipper, Bart, Muni)	Amount of Claim
		☐ Pre-Tax ☐ Post-Tax		$
		☐ Pre-Tax ☐ Post-Tax		$
		☐ Pre-Tax ☐ Post-Tax		$
		☐ Pre-Tax ☐ Post-Tax		$
		☐ Pre-Tax ☐ Post-Tax		$
			Total Amount	$

PARTICIPANT'S STATEMENT AND SIGNATURE (PLEASE READ CAREFULLY)

To the best of my knowledge and beliefs, my statements in this Reimbursement Request Form are complete and true. I certify that have received the service described above on the dates indicated and that expenses qualify as valid expenses under the Plan and that I have not been previously reimbursed by this or any other plan nor do I expect any of these expenses to be reimbursed elsewhere. A copy or electronic facsimile of this form shall be deemed as valid as the original.

Plan Participant's Signature	Date

Mail, Fax, or Email all requests to:
HR Simplified, Inc., 5320 West 23rd Street, Suite 350, Minneapolis, MN 55416
Toll-Free Phone: (888) 318-7472 Toll-Free Fax: (877) 723-0146
Email: FSA@HRSimplified.com

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