

Transportation Plan Reimbursement Request Form

Use this form for reimbursement of your monthly mass transit and/or work-related parking expenses. Transit/Parking expenses are only reimbursable if your employer offers a Transit/Parking Reimbursement Plan.

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
 - Email to flex@goigoe.com
 - Fax to 858-777-5424
 - 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.
 - Expenses must be submitted within 180 days of being incurred.
 - Please allow up to 4 business days for your completed request to be updated online.
 - Specific information regarding reimbursement release dates can be located in your Flexible Benefit Plan Highlights. Additional copies of your Flexible Benefit Plan Highlights can be requested by emailing Igoe Administrative Services at flex@goigoe.com.
 - Remember to keep original receipts for your records as you may be required to provide documentation directly to the IRS in the event of a personal audit. All supporting documentation becomes a part of your request and will not be returned to you.
- Questions?** Please contact Participant Services at 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	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 federal 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 or charged to my employer's Flexible 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 preceding statements, I authorize the Transportation Plan Account/s in my name to be reduced by the amount requested and reimbursed to me according to my employer's reimbursement schedule and method.

Attached are receipts for qualified transportation/parking fees

Receipts were not offered and are not available

Signature: _____

Date: _____