Transit & Parking Claim Form



Page 1 of 1 - Welfare-529 (07/2023)

Instructions For Quick Claim Processing:

- Fully complete & sign this claim form
- Attach copies of supporting EOB, receipts, vouchers, bills, etc.
- All receipts must detail each of the items summarized below
- Please list one expense per line
- Please print in dark blue or black ink when using this form
- Please allow 2 business days for daims to be processed

For Account Balance: Go to my.nbsbenefits.com or call (855) 399-3035

Employee Name Company Name Company Name Company Name Address Clury State, Ztp Phone Number Social Security Number Prone Number Social Security Number 2 Parking Expenses Date of Service MM DD YY Service Provider Amount 5 See IRS Tax Code Section 132(f) For Maximum Allowable Expense Total Parking Expenses Date of Service MM DD YY Service Provider Amount 1 2 3 Transit Expenses Date of Service MM DD YY Service Provider Amount 1 2 3 Transit Expenses Date of Service MM DD YY Service Provider Amount 4 Service Provider Amount 1 2 3 4 5 See IRS Tax Code Section 132(f) For Maximum Allowable Expense Total Parking Expenses See IRS Tax Code Section 132(f) For Maximum Allowable Expense 4 Employee Signature **I certify that I incurred the above listed transit/parking expenses and no receipt was provided in the ordinary course of business for this service. I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I certify these expenses are for valid services provided on the dates indicated. If any of my claims is for reimbursement of parking expenditures, I certify that I personally incurred such expense at a facility that is at or near the employer's business premises and will not be reimbursed or claimed under any other Plan or claimed as a tax deduction.	1 Personal Information				
Street Address, Cty, State, Zip Phone Number Social Security Number 2 Parking Expenses Date of Service MM DD YY Service Provider 1 2	Employee Name	Company Name	□No □Y€	 □No □Yes	
Parking Expenses MM Date of Service MM DD Wry MM DD W	Street Address, City, State, Zip				
Amount Amount Amount	Phone Number	Social Security Number			
3 Transit Expenses See IRS Tax Code Section 132(f) For Maximum Allowable Expense Total Parking Expenses Total Parking Expenses Service Provider Amount 1 2 3 4 5 5 See IRS Tax Code Section 132(f) For Maximum Allowable Expense Total Transit Expenses 4 Employee Signature **I certify that I incurred the above listed transit/parking expenses and no receipt was provided in the ordinary course of business for this service. I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I certify these expenses are for valid services provided on the dates indicated. If any of my claims is for reimbursement of parking expenditures, I certify that I personally incurred such expense at a facility that is at or near the employer's business premises and will not be reimbursed or claimed under any other Plan or claimed as a tax deduction.	Date of Service MM DD YY			Amount	
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	Employee Signature		Date		