



# Transit/Parking Reimbursement Program (T/PRP) Reimbursement Request Form

## Instructions

Fill out this form and sign it. **Submit the form to:** EBPA, P.O. Box 1140, Exeter, NH 03833-1140. **Deadline:** Expenses incurred in the current calendar year must be submitted by March 31 of the following year. **For questions, call EBPA:** 1-800-258-7298.

The minimum reimbursement from your account is \$10 per month. The maximum for your account is \$100 per month for transit, \$185 per month for parking. Reimbursement checks will only be made payable to you.

## Employee Information

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ E-mail: \_\_\_\_\_

Group Number: **602** Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

## Transit/Parking

1. Identify each expense as "Transit" or "Parking"
2. List reimbursable expense(s)

<b>Expense Type</b>	<b>Describe Expense</b>	<b>Date (mm/yyyy)</b>	<b>Total Bill or Receipt</b>
Transit    Parking		/	\$
Transit    Parking		/	\$
Transit    Parking		/	\$
Transit    Parking		/	\$
Transit    Parking		/	\$
Transit    Parking		/	\$
Transit    Parking		/	\$
Transit    Parking		/	\$
Total			\$

## Your Signature

By signing this form, you certify that:

1. You have incurred the listed expenses. **Note:** Parking expenses require a receipt or other proof, unless employees park in a metered lot where receipts are not available. For mass transit, employees may submit, when possible, expired commutation tickets or MetroCards as proof. Even in the absence of receipts, by claiming reimbursement you are attesting that the expense was actually incurred.
2. You are not being reimbursed for these expenses from any other source.
3. You assume all responsibility for taxes or penalties arising out of disallowed deductions.

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_