

Transportation Expense Account Reimbursement Request Form



Complete the information below for expenses incurred by you for which you request payment. **If the form is incomplete it will be returned to you and your reimbursement will be delayed.** Print or type the information requested, then date and sign the form. Keep a copy of all documentation for your records. Upload using the 121 Benefits Mobile App, Online or Mail the original form with documentations to:



121 Benefits
730 2nd Ave. S., Ste. 400
730 Building
Minneapolis, MN 55402
Phone: 800.300.1672
www.121benefits.com

Benefit Year: _____
First Name: _____ MI: _____
Last Name: _____
Last 4 SSN or Employee #: _____
Address: _____
City: _____ State: _____ ZIP: _____
Daytime Phone: (____) _____
Email Address: _____

Please verify that the mailing address above is current with your employer. Address changes cannot be accepted via reimbursement forms.

Unreimbursed Parking Expense

	Date Expense Incurred OR Period Covered from (MM/DD/YY) to (MM/DD/YY)*	Expense Description	Name of Service Provider	Amount Incurred or Paid
1.				
2.				
3.				
Total Unreimbursed Parking Expense Claim				\$

Note: If you need additional space, attach a separate sheet of paper.

*** Reimbursements must be submitted within 180 days of the date on which the expense was incurred or paid.**

Unreimbursed Vanpool Expense

	Date Expense Incurred OR Period Covered from (MM/DD/YY) to (MM/DD/YY)*	Vanpool Driver Name, and Signature <i>OR</i> a Signed Receipt From Vanpool Driver are Required With Each Submission	Amount Incurred or Paid
4.		Vanpool Driver Printed Name & Signature	
5.			
6.			
.			
Total Unreimbursed Vanpool Expense Claim			\$

Note: If same vanpool driver for each claim listed above, signature is required only once.

*** Reimbursements must be submitted within 180 days of the date on which the expense was incurred or paid.**

Please Read Carefully

The undersigned participant in the plan certifies that all expenses, for which reimbursement of payment is claimed by submission of this form, were incurred during a period while the undersigned was covered under your employer's Transit Plan. The undersigned fully understands that he/she alone is responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned and that, unless an expense for which payment of reimbursement is claimed is a proper expense under the plan, the undersigned may be liable for payment of all related federal, state, or city income tax on amounts paid from the plan which relate to such expense.

EMPLOYEE PLEASE SIGN HERE

DATE



Reimbursement Information For Transportation Account-Parking Transportation Account-Vanpool Expenses

1. If you have out of pocket parking fees or vanpool expenses not already deducted through payroll, you may choose to enroll in the Parking or Vanpool Transportation Account. Eligible out of pocket expenses must meet the following requirements:
 - Transportation Account - Parking
 - Incurred to park your car in a facility at or near the business premises of the employer or
 - Incurred to park your car at or near a location from which you commute to work by (a) Mass transit facilities, (b) a Commuter Highway Vehicle, (c) By vanpooling, (d) By carpool or (e) By any other means
 - Transportation Account - Vanpool
 - Expenses incurred for participation in a commuter highway vehicle (vanpool). Under IRS rules, vanpools are defined as any highway vehicle that has seating capacity of at least six adults, excluding the driver, and meets the two following requirements for mileage use: At least 80% of the vehicle mileage use must be reasonably expected to be (1) for transporting employees in connection with travel between their residences and their place of employment and (2) on trips during which the number of employees transported for commuting is, on average, at least one-half of the adult seating capacity, excluding the driver.
2. Reimbursement is based upon the incurred or paid date. **You “incur” an expense on the date that the transit service is purchased.** You must provide proof that the expenses were incurred by attaching a statement from the provider indicating the date of service, a description of the service and the charge for the service. Examples of acceptable documentation for transit expenses are a receipt from the parking facility, or your vanpool driver (the vanpool driver’s signature on the form is also acceptable). **Do Not** send canceled checks, copies of checks or credit card receipts/statements. **Keep a copy of the documentation for your records.** There is a fee for retrieval and copying of previously processed claims.
3. If there is not enough money in your Transportation Account to cover in full the eligible expenses listed on this form, you will be reimbursed up to the amount of your account balance and the excess expenses will be carried forward and paid from the contributions you make in subsequent periods. You do not have to re-submit the charges.
4. See the Pre-Tax Benefits Plan Year Summary for more detailed information on Transportation Accounts.

Notice Regarding Collection of Private Data

Under provisions of Minnesota Statutes 43A 22-24, 121 Benefits has been authorized to administer your employer Transportation Accounts. Information is requested on this form about you, your family members and your expenses to identify you as a participant in the Plan and to determine your eligibility for expense reimbursements. You are not legally required to provide any information requested. However, providing all the requested information will help to process your claim accurately and quickly. If you do not provide critical information, we may be unable to process your reimbursement request. The information requested may be provided to: representatives of the Department of Employee Relations - State of Minnesota, federal and state tax authorities, professional auditors who audit Pre-Tax Benefits Plans, law enforcement entities with statutory authority to gain access to the data, and any other person or entity authorized by law or court order.

Questions Regarding the Reimbursement Process?

Call 800.300.1672 or email CustomerService@121benefits.com
When calling, please identify yourself and your employer.