

**Request for  
Reimbursement from  
Transportation Benefit**



**B · D · S**  
BENEFIT DESIGN SPECIALISTS, INC.  
AN ALERA GROUP COMPANY

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**EMPLOYEE INFORMATION**

Employer \_\_\_\_\_

Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Employee Mailing Address (Street) \_\_\_\_\_ (Apt. #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please check if address above is new

**REIMBURSEMENT REQUEST**

Type of Expense (Check one)

**Note:** A Transportation expense may include a transit or bus pass, or commuter highway vehicles, such as carpool or vanpool vehicles.

Transportation	Parking	Amount	Period of Service	
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____
<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	From _____	To _____

**Total Requested** \$ \_\_\_\_\_

Please provide documentation of expenses, such as cancelled checks, billings, parking stubs, etc. See reverse of this form for other important information. Do not send original documentation.

**AUTHORIZATION**

To the best of my knowledge, my statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses and only for myself. I certify these expenses have not been nor are they expected to be, reimbursed by any other entity, and will not be claimed as an income tax deduction. I have read and understand the information on the reverse of this form.

\_\_\_\_\_  
Employee Signature Required

\_\_\_\_\_  
Date

<b>Total number of pages faxed:</b> _____
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