

**Request for
Reimbursement from
Transportation Benefit**



B · D · S
BENEFIT DESIGN SPECIALISTS, INC.

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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.

Total number of pages faxed: _____
