

**QUALIFIED TRANSPORTATION REIMBURSEMENT ACCOUNT
AFFIDAVIT FOR MASS TRANSIT EXPENSES WITHOUT RECEIPT**

Please Print and attach to completed claim form

Employee: _____ Employee ID #: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: (_____) _____

Certification

I certify that I have incurred mass transportation expenses listed below for transportation to and/or from my workplace. The location that I purchase my pass and/or tickets does not provide receipts in its ordinary course of business.

List Location(s) not providing receipt(s).

Amount Claimed: \$ _____

Date(s) for which I am requesting reimbursement: _____

My signature below certifies that the amount claimed above for reimbursement is accurate and true. I also understand that any incorrect or false information may result in the loss of the benefits provided under the Qualified Transportation Benefit Plan. I agree to notify the Spending Account Service Center if I change my arrangements to one that issues receipts.

Employee Signature

Date