

**Commuter Reimbursement Account
Claim Form**

Employee Information

Employer:			
Name (First, Middle, Last):			Employee ID or last 4 digits of SSN:
Street Address:			
City:	State:	Zip:	Daytime Phone Number:
Email:			

**List of Parking Account Expenses for Reimbursement
(Please provide supporting documentation)**

Date(s) of Service	Parking Provider or Facility	Amount Requested
Total Amount Requested:		

**List of Transportation Account Expenses for Reimbursement
(Please provide supporting documentation)**

Date(s) of Service	Parking Provider or Facility	Amount Requested
Total Amount Requested:		

Employee Statement

I certify that the expenses listed above have been incurred during the applicable plan year by myself and/or my eligible dependent(s) and qualify for reimbursement. I am certifying that the expenses listed above have not been previously reimbursed, nor will they be under any other benefit plan and will not be claimed as an income tax deduction. If there is a discrepancy between the total amount requested above and the total amount of the attached supporting documentation, I will only be reimbursed according to the total amount of eligible expenses on the attached supporting documentation.

Employee's Signature

Date

**Please return claim form and supporting documentation by emailing, faxing or mailing to:
Streamline HR - Attn: Spending Accounts - 5920 Hamilton Boulevard, Suite 201 - Allentown, PA 18106 -
Phone: (877) 262-7291 - Fax: (877) 385-7926 - spendingaccounts@mystreamlinehr.com**

Requirements for Filing a Claim:

1. Complete the **Employee Information** section of the claim form.
2. Complete the **Parking Account and/or Transportation List of Expenses for Reimbursement** section of the claim form and attach all supporting documentation.

Please make sure to include one of the following forms of acceptable supporting documentation:

- **For Parking Account Reimbursement:**

- Invoice or Bill from parking garage or facility that shows the name of the vendor, dates that parking is covered for and the amount(s) paid.
- Copy of the front and back of the cancelled check that shows payment to the parking garage or facility.
- Copy of contractual agreement from the parking garage or facility showing the authorization to have parking expenses deducted from your bank account. You may also provide a copy of your bank statement showing the parking expenses paid if a contract does not exist.

- **Transportation Account Reimbursement:**

- Copy of the pass, token, fare card, voucher and/or any other item that enables you to use public transportation. Please ensure that the date of usage for the above mentioned item is included on the item being photocopied. If not, please provide that usage date on the copy submission.
- Copy of the front and back of the cancelled check that shows payment to the transportation facility.

3. Please sign and date the **Employee Statement** section of the claim form.
4. Please make sure to retain a copy of the claim form as well as all supporting documentation you are submitting. This information will not be returned to you.
5. Mail, Fax or email your fully completed Commuter Reimbursement Account claim form and supporting documentation to:

- **Fax:** (877) 385-7926
- **Email:** spendingaccounts@mystreamlinehr.com
- **Mail:**
 - Streamline HR
Attn: Spending Account Claims Processing
5920 Hamilton Boulevard
Suite 201
Allentown, PA 18106

For any questions or inquiries regarding your Health Care Spending Account claim submission or account, please contact us at (877) 262-7291 or spendingaccounts@mystreamlinehr.com.