



TRANSPORTATION FRINGE BENEFIT PLAN
SECTION 132 - REIMBURSEMENT CLAIM FORM

HOW TO FILE
A CLAIM

- 1) For **TRANSIT** expenses (train pass, bus pass or vanpool 6+ passengers) and **PARKING** expenses (parking lot), submit a copy of the daily, monthly or seasonal pass statement, invoice or paid receipt indicating the date and cost of service and the place of service. (NOTE: Cancelled checks or credit card receipts do not provide the details necessary for processing.)
- 2) For **PARKING** expenses (metered) for which there are no receipts, this claim form serves as your receipt. The date, cost and location of the service must be provided as well as your signature and date.
- 3) **Mail your claim to:** IPMG Employee Benefits Services **Fax:** 630-203-4580
225 Smith Rd.
St. Charles, IL 60174
Phone: 630-789-2082 **Website Submittal and/or E-mail:**
www.ipmg.com/ebs

ABOUT YOU

Employer's Name _____

Your Name _____

Your Address _____

Your Alternate-ID* or Social Security Number _____

*Your Alternate-ID is assigned by IPMG

TRANSPORTATION REIMBURSEMENT

Date of Service:	Provider:	Type of Service:	Amount:
		<input type="checkbox"/> TRANSIT <input type="checkbox"/> PARKING	
		<input type="checkbox"/> TRANSIT <input type="checkbox"/> PARKING	
		<input type="checkbox"/> TRANSIT <input type="checkbox"/> PARKING	
		<input type="checkbox"/> TRANSIT <input type="checkbox"/> PARKING	
		<input type="checkbox"/> TRANSIT <input type="checkbox"/> PARKING	
		<input type="checkbox"/> TRANSIT <input type="checkbox"/> PARKING	
		<input type="checkbox"/> TRANSIT <input type="checkbox"/> PARKING	

PAYMENT
AUTHORIZATION

I request payment from my Section 132 Transportation Fringe Benefit Account for the expenses itemized above and/or attached. I understand that these expenses cannot be claimed on my personal income tax return. I certify that all of these expenses have not and will not be paid by any other plan or program of any employer or other person, and that services were provided during the hours I work. I certify to the best of my knowledge my statements in this form are complete and true.

Employee Signature _____ Date _____