

2015 TRANSPORTATION / PARKING REIMBURSEMENT PROGRAM

REQUEST FOR REIMBURSEMENT

Complete and sign this form. The maximum reimbursement from your account is:

\$250 per month for parking

\$130 per month for transit

Employee Name: _____ Email Address: _____

Employer: _____

Request for reimbursement for: Month/Year _____

Requesting reimbursement for:	<u>Amount</u>
Train/Bus/Vanpool _____	\$ _____
Parking _____	\$ _____
TOTAL	\$ _____

Your Signature

By signing this form you certify that:

1. You have incurred the listed expenses
2. You are not being reimbursed for these expenses from any other source
3. You assume all responsibility for taxes or penalties arising out of disallowed deductions

Employee Signature: _____ Date: _____

Mail to: Stirling Benefits, Inc.
Attn: Flexible Spending Account Unit
20 Armory Lane
Milford, CT 06460

FAX: 203-877-9558

Scan & Email: flex@stirlingbenefits.com