



Transit/Parking Reimbursement Program (T/PRP) Reimbursement Request Form

Instructions

Fill out this form and sign it. **Submit the form to:** EBPA, P.O. Box 1140, Exeter NH 03833-1140. **Deadline:** Expenses incurred in the current calendar year must be submitted by March 31 of the following year. **For questions, call EBPA:** 1-888-456-4576.

The minimum reimbursement from your account is \$10 per month. The maximum for your account is \$230 per month for Transit, \$230 per month for parking. Reimbursement checks will only be made payable to you.

Employee Information

Last Name: _____ First Name: _____

Address: _____ Apt. #: _____

City, State, ZIP: _____ Email: _____

Group Number: **602** Date (mm/dd/yyyy): ____/____/____

Transit/Parking

1. Identify each expense as "Transit" or "Parking"
2. List reimbursable expense(s)

Date (mm/yy)	Expense Type	Total Bill or Receipt
/	<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	\$
/	<input type="checkbox"/> Transit <input type="checkbox"/> Parking	\$
TOTAL		\$

Signature

By signing this form, you certify that:

1. You have incurred the listed expenses. **Note:** Parking expenses require a receipt or other proof, unless employees park in a metered lot where receipts are not available. For mass transit, employees may submit, when possible, expired commutation tickets or MetroCards as proof. Even in the absence of receipts, by claiming reimbursement you are attesting that the expense was actually incurred.
2. You are not being reimbursed for the expenses from any other source.
3. You assume all responsibility for taxes or penalties arising out of disallowed deductions.

Signature: _____ Date (mm/dd/yyyy): _____