

## Instructions

Please complete all sections below. Return the completed Reimbursement Claim Form with applicable receipts to the fax number or address below. This form must be signed and dated in order to be processed and approved. **Important: Keep a copy of this form and receipts for your records.**

## Participant Information

Employer Name \_\_\_\_\_

Participant's First Name \_\_\_\_\_

Participant's Last Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## Claim Information

Date(s) of Service

Provider of Service

Amount Requested

Date(s) of Service	Provider of Service	Amount Requested
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Reimbursement Requested

## Certification

I request payment from my reimbursement account for the expenses itemized above. I certify that I have not previously requested reimbursement under this plan or from any other source for these expenses. I further certify that I have met all of the requirements for eligible transportation expenses as described on the second page of this form. I understand that reimbursement expenses cannot be claimed on my personal income tax return.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## ADDITIONAL INFORMATION REGARDING REIMBURSEMENTS

### TRANSPORTATION ELIGIBLE EXPENSE INFORMATION

In general, an employee may be reimbursed for a Transportation expense that substantiates the requirements. "If information is submitted to the payor sufficient to enable the payor to identify the specific nature of each expense and to conclude that the expense is attributable to the payor's business activities. Therefore, each of the elements of an expenditure or use must be substantiated to the payor..." You can satisfy these requirements by submitting a completed claim form with a bill or receipt from the parking facility stating the amount and the period covered.

The Transportation Reimbursement Plan uses the IRS general reimbursement substantiation rules as stated in IRS 1.61-2(e)(3). Under these regulations, the substantiation requirements are met "if information is submitted to the payor sufficient to enable the payor to identify the specific nature of each expense and to conclude that the expense is attributable or use must be substantiated to the payor....."

The reimbursement for qualified parking expenses incurred in any one calendar month cannot exceed the maximum indexed amount (\$260 parking limit). If you submit a claim (or claims) for more than the indexed amount for a month, the reimbursement for the claim (or claims) will not exceed the maximum indexed amount.

### Required Supporting Documentation

The following supporting documentation must be attached to this form:

Bill, invoice, or other documentation that clearly states:

- Name of the person receiving the service
- Amount charged
- Proof of purchase
- Name of provider
- Date(s) of service

NOTE: DIRECT DEPOSIT IS THE QUICKEST WAY TO RECEIVE YOUR REIMBURSEMENT

Reimbursements will be faster if you have signed up for direct deposit. To request direct deposit, simply log into your account at [sentinelgroup.com](http://sentinelgroup.com) and add your banking information to your profile.

**Claims faxed in good order by 5:00 PM ET on Wednesday will be processed by Friday. (Holidays may impact this schedule).**