



Transit/Parking Claim Form

Please read **requirements** on reverse side

Last Name, First Name, MI (Please Print)

Employer

Social Security Number

Street Address

City, State, Zip

Parking

Month/ year	From day	To day	Parking Provider	Amount claimed	Attach proof of expense or explain why it is not available in the ordinary course of business.	ASI use only

Total parking claimed	\$	
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Mass Transit and/or Van-pooling

Month/ year	From day	To day	Transit or Van Pool Provider	Amount claimed	Attach proof of expense or explain why it is not available in the ordinary course of business.	ASI use only

Total mass transit and/or Van Pooling claimed	\$	
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I certify that all expenses for which reimbursement or payment is claimed from the above named employer's Transportation Reimbursement Program by submission of this form were incurred during a period while I was employed by the employer named above and that the expenses have not been reimbursed and reimbursement will not be sought from any other source. I incurred these expenses only for the purpose of commuting to and from work at the Employer. I understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Program, I may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Program which relate to such expense. The statements on this form are true and correct.

Employee's Signature

Date

ASI
P. O. BOX 6044
COLUMBIA MO 65205-6044
FAX (866) 381-9682

← Mail or FAX to ASI **ALONG WITH SUPPORTING DOCUMENTATION**
E-mail: asi@asiflex.com
Internet www.mocafe.com

Claim Filing Requirements

1. **Print your name, address, social security number and your employer's name. If you do not provide the correct identifying number, your claim may be delayed or returned.**
2. **List expenses by date & arrange the supporting statements in the same order.** Highlight or circle the service dates on your documentation. If you have several statements from the same provider for the same month, you may subtotal them and list them on one line with a range of days.
3. **Enclose required documentation.** Federal Regulations require you to provide a written statement from the provider of the service that supports your claim if the provider provides receipts or other documentation in the ordinary course of its business. If the provider does not provide receipts or other documentation, explain the situation in the column labeled "Attach proof of expense or explain why it is not available in the ordinary course of business." If the provider normally provides documentation such as receipts you must provide a copy with your claim. The documentation must show:
 - The name provider,
 - The date or range of dates of parking, travel, or payment. You may not claim expenses for more than one month on one line.
 - A description of the service provided (for example, "April 2008 parking" or "May 2008 bus fare"), and
 - The cost of the service or the amount paid.
4. **Sign** the claim form.
5. **Keep** copies for your tax records.
6. **Mail** to the address on the front of this form or **Fax to (866) 381-9682**. While this a toll-free number, employee use of an office fax machine may not be appropriate. Please check with your employer before using an office fax machine.

Federal regulations limit the amount of parking for which you can be reimbursed each month. These regulations also limit the amount of transit/van-pooling for which you can be reimbursed each month. These limits cannot be combined. Since they change each year, please check with ASI for the current limits.

Please do not claim expenses for more than one month on one line since reimbursements are limited by month.

Contact ASI at asi@asiflex.com , www.mocafe.com. Or toll-free at (800) 659-3035 M-F 7:00 AM - 7:00 PM Central Time

Claim forms: You may copy this form, obtain forms on the Internet at www.mocafe.com, or request them from your personnel/payroll office, or call ASI at 1-800-659-3035.

Claims payment and account information available 24 hours a day 7 days a week: - Complete history including available funds *on the Web* at www.asiflex.com (Account Detail). You will need your P.I.N., which you can find on your enrollment confirmation.