



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

## Instructions

Please complete, sign and date this form. Claims may be **submitted** through EBPA's secure portal at <https://secure.ebpabenefits.com>, **faxed** to: 603-773-4415, or **mailed** to: EBPA PO 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** 1-888-678-3457.

You can only be reimbursed up to the IRS maximum each month; please view your programs current calendar year's monthly maximum. Reimbursement checks will only be made payable to you.

## Employee Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Group Number: \_\_\_\_\_ 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	\$
<b>TOTAL</b>		\$

## 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): \_\_\_\_\_