

PARKING & TRANSPORTATION CLAIM FORM

Claim Form Filing & Documentation Instructions

Company Name: _____

Employee Name: _____ Last four digits of Social Security Number: _____

E-mail: _____ Phone: _____

New Claim Additional Information requested

Please sign claim form, include your email address and provide complete documentation for requested information.	Parking: \$265.00 Transit Passes/Van-pooling combined: \$265.00
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Parking & Transportation Expenses

Month of Service	Account Type Parking or Transportation	Provider Name	Type of Service	Reimbursement Request Amount
/				
/				
/				
/				
/				
/				
TOTAL				

Employee Certification: I certify that these expenses for which reimbursement is claimed have been incurred by me and/or my eligible dependents. These expenses are not, and will not, be payable by any other plan, will not be reimbursed or discounted from any other source and will not be deducted on my federal, state or local income tax returns.

Employee Signature: _____ Date: _____

Submit Claim Form and Receipts:
 Fax: (610) 774-9910 pg 1 of _____ (no cover page needed)
myRSC Mobile App: Download the app, login to your myRSC account, click on SnapClaim and follow the instructions
On-line claims Entry: Login to your myRSC account, click on Online Claims Entry and follow the instructions.
Mail:
 Human Resource Administrators, Inc.,
 1541 Alta Dr, Suite 306,
 Whitehall, PA 18052
 For more Claim Forms or to register your myRSC account, visit www.hradministrators.com

If you submit your claim online at www.hradministrators.com or with the myRSC mobile app this form is not needed

