Allied Benefit Systems, LLC
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SECTION A EMPLOYER/EMPLOYEE INFORMATION

Employer Name	Group Number	Employer Location (if applicable)

Employee Name	Employee UID or SSN	Flex Plan Year

Address	City	State	Zip

Employee Email Address	Daytime Phone

SECTION B REIMBURSEMENT REQUEST

Please attach a written statement from an independent third party, such as Metra, CTA, MTA, BART or your parking vendor, stating that the transportation or parking expenses below have been incurred and the amount of the expenses. Canceled checks and credit card statements are not acceptable.

Date of Service	Parking Expense	Transportation Expense	Amount of Expenses
			$
			$
			$
			$
			$
		Total Reimbursement Requested:	$

SECTION C EMPLOYEE CERTIFICATION

I certify that the expenses listed above qualify for reimbursement and have been incurred and paid by me.
These expenses have not been reimbursed by any other reimbursement plan. Bills, statements or other evidence of these expenses are attached.

Employee Signature _____ **Date** _____