

**TRANSIT / PARKING ACCOUNT REIMBURSEMENT CLAIM FORM**

**How to file a claim:**

Reimbursement can only be made when one of the following IRS-required items is included with this claim form.

- 1) Copies of receipts for transportation expenses
- 2) Statement from bank account or credit card showing charges for transit or parking

**By Mail: Mid American Group, Inc., P.O. Box 482, Westmont, IL 60559**

**By Fax: 630-789-9421**

**By E-Mail: [flexclaims@midamgroup.com](mailto:flexclaims@midamgroup.com)**

**YOUR INFORMATION:**

<b>YOUR EMPLOYER:</b>	
<b>YOUR NAME:</b>	
<b>YOUR ADDRESS:</b>	
<b>YOUR SSN:</b>	-                      -

**CLAIM INFORMATION:**

<input type="checkbox"/>	<b>Transit Reimbursement (include receipts)</b>
<input type="checkbox"/>	<b>Parking Reimbursement (include receipts)</b>

Provider:	PKG or TRN:	Month(s) of Service:	Cost:
	<input type="checkbox"/> PKG <input type="checkbox"/> TRN		\$
	<input type="checkbox"/> PKG <input type="checkbox"/> TRN		\$
	<input type="checkbox"/> PKG <input type="checkbox"/> TRN		\$
	<input type="checkbox"/> PKG <input type="checkbox"/> TRN		\$
	<input type="checkbox"/> PKG <input type="checkbox"/> TRN		\$
	<input type="checkbox"/> PKG <input type="checkbox"/> TRN		\$

**PAYMENT AUTHORIZATION**

I request payment from my Reimbursement Account for the expenses itemized and attached and certify that these expenses have been paid for from my personal funds.

<b>Employee Signature**:</b>	<b>Date:</b> /        /
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\*\* By typing my name above I certify the above statement is true.