



Section 132 Transit and Parking Spending Account Claim Reimbursement Form

Employer Name			
Last Name	First Name	M.I.	Social Security No
Home Address			Daytime Phone
City		State	Zip

Transit Claims

Date of Expense	Expense Description	Amount

Parking Claims

Date of Expense	Expense Description	Amount

I certify that the expenses being submitted were incurred while covered under the Company's Section 132 Transportation Plan, and have not been reimbursed by any other source. If the claim is not valid, I recognize that I will be liable for payment of all taxes on amounts paid from the Plan which relate to that expense. I also recognize that I cannot claim these expenses on my personal income tax return.

Employee Signature _____ Date _____

Send completed reimbursement form and receipts to:

THE HARRISON GROUP, INC.
 3 Raymond Drive, Suite 201 · Havertown, PA 19083 · 610-853-9075 · Fax 610-853-9079
 Email service@theharrisongrouponline.com