FOOTHILL-DE ANZA
Community College District

TRANSPORTATION SPENDING ACCOUNTS

Commuter Benefits – Transit Account

Request for Monthly Benefit Reimbursement Form

Claims received by NOON *on the 10th of each month will be processed by the Benefits Unit for receipts on the 1st of the following month. (Incomplete claim forms will not be processed)*

- Please itemize each expense. Additional pages may be attached. Receipts must contain the dates of service, the name of the service provider, description of the expense and the amount.
- Keep complete copies of all receipts and forms submitted to the Benefits for audit purposes. District is not responsible for providing copies to participants.

Employee Name (LN, FN)		**ADDRESS**	
SSN		**Email Address**	

Dates of Service (from/to)	Benefit Amount Requested	Vendor Name
Total Amount:		

Employee Authorization

I certify that I have incurred expenses for which reimbursement is sought under my Commuter Benefits and that these expenses have been incurred during the plan year. Furthermore, I declare that I am requesting payment only for expenses that have not and will not be paid under any other benefit plan or program and that I am solely responsible for the accuracy of all information relating to this claim. I authorize the Employer to reimburse the amount requested from my Commuter Benefit plan.

Signature (original signature required)	Date

Completed claim forms should be submitted to: BENEFITS UNIT
Fax: 650-949-6299
Pdf/Email: MyBenefits@fhda.edu

Note: The IRS requires that the Plan Administrator must received ALL claims for qualified expenses *within 180 days after the service is provided* in order for claims to be considered for reimbursements. Unused funds not requested for reimbursement upon termination of employment are forfeited. Unused fund(s) will be rollover for the next plan year for active participants