

SAMPLE DOCUMENT

Cash Reimbursement for Qualified Transportation Fringe Benefits

Employee Certification:

I, _____, certify that the expenses below and the receipts that prove these expenses are true and accurate payments made by me for qualified transportation fringe benefits (commuter highway vehicle, transit pass, qualified parking).

DATE	QUALIFIED TRANSPORTATION place checkmark in appropriate column			COST IN DOLLARS
	Commuter Highway	Transit Pass	Qualified Parking	

Employee Signature: _____

Date: _____

Employer Certification:

I, _____, certify that I have no reason to doubt that the above employee has, in fact, incurred expenses for transportation in a commuter highway vehicle, transit passes, and or qualified parking.

I further certify that for transit pass expenses, no voucher or similar item that may be exchanged for a transit pass is readily available for direct distribution to the employee.

Employer Signature: _____

Date: _____