



##66T00011#####

Electronic Claim submission:
EBPA_Receipts@alegeus.com
Fax: 321-445-9607
Mail To: EBPA Reimbursement Accounts
P.O. Box 1140
Exeter, NH 03833-1140
Telephone: 888-678-3457

**Transit/Parking Reimbursement Program (T/PRP)
Reimbursement Request Form**

NAME	SOCIAL SECURITY NUMBER (optional)
ADDRESS (STREET)	EMPLOYER
ADDRESS (CITY, STATE, ZIP CODE)	LOCATION/DIVISION

Instructions

Please complete, sign and date this form. Claims may be emailed to EBPA_Receipts@alegeus.com, faxed to: 321-445-9607, or mailed to: EBPA PO Box 1140, Exeter NH 03833-1140. For questions, call 1-888-678-3457.

Please Note:

The minimum reimbursement from your account is \$10 per month. You can only be reimbursed up to the IRS maximum each month; please view humanresources.columbia.edu/tprp for the current calendar year's monthly maximum. Reimbursement checks will only be made payable to you.

Transit/Parking

1. Identify each expense as "Transit" or "Parking"
2. List reimbursable expense(s)

Date (mm/yy)	Expense Type	Total Bill or Receipt
/	Transit Parking	\$
/	Transit Parking	\$
/	Transit Parking	\$
/	Transit Parking	\$
/	Transit Parking	\$
/	Transit Parking	\$
/	Transit Parking	\$
/	Transit Parking	\$

Signature

By signing this form, you certify that:

1. You have incurred the listed expenses. Note: Parking expenses require a receipt or other proof, unless employees park in a metered lot where receipts are not available. For mass transit, employees may submit, when possible, expired commutation tickets or MetroCards as proof. Even in the absence of receipts, by claiming reimbursement you are attesting that the expense was actually incurred.
2. You are not being reimbursed for the expenses from any other source.
3. You assume all responsibility for taxes or penalties arising out of disallowed deductions.

ELECTRONIC SIGNATURE

DATE: