



P.O. Box 928
 Findlay, OH 45839
 651-695-2500
 800-486-7664
 Fax: 419-423-5834
 www.ebsobenefits.com

TRANSPORTATION ACCOUNT CLAIM FORM

Please Print

Employer _____

Your Name _____

ID # and/or Birthdate _____ Primary E-mail Address _____

My address has changed. My new address is _____

Transportation Account:

Your claim will only be reimbursed up to the amount that has been currently credited to your transportation account.

In order to process your claim we must receive proper documentation. To process your expense(s) we must receive receipts or billing statements. They must include dates for the period of time you are requesting reimbursement. **Balance due statements and canceled checks are unacceptable.** Refer to your Enrollment Booklet for additional information.

Date of Service	Type of Expense (Check One)		Total Expense	Amount To Be Paid From Your Parking Account	Office Use Only
	Parking Expense	Transit Expense			
		Totals	\$	\$	

I hereby certify that the information shown above is true and correct. I have not or will not receive reimbursement for any of the expenses listed above from any other source.

Signature _____ Date _____

Please send completed and signed copy to customerservice@ebsobenefits.com or to the fax number or mailing address at the top of this form. Questions, contact EBSO, Inc. Customer Service at 651-695-2500 or 800-486-7664.

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