



**The Preferred Group**  
 PO Box 15136  
 Albany, NY 12212-5136  
 (866) 989-8995

# Commuter Reimbursement Voucher

Check out your Account Information Online  
[www.ThePreferredGroup.com](http://www.ThePreferredGroup.com)

Call us with any Questions  
 866-989-8995

**DIRECTIONS:** Employee — Complete Sections 1 and 2 and then return to:  
 The Preferred Group  
 Fax: 866-539-1394

**Section 1 Employee Information — Please Read and Fill Out Carefully**

Employee Name (First Name)		(Last Name)	
Employee Address (Street, Apt. #)			Date of Birth
Employee Address (City, State, Zip Code)			Social Security Number
Home Phone	Work Phone	Email Address	

**Section 2 Commuter Reimbursement Expenses**

Date(s) of Commute	Cost of Commute	Mass Transit	Parking
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total</b>	\$		

**Section 4 Signature and Acceptance of Rules of Commuter Reimbursement**

**Read Carefully and Sign**

This is to certify that I have incurred the expenses listed above for my commuting expenses to work, that the expenses detailed above are eligible for reimbursement in accordance with applicable governmental rules and regulations for Section 132 Qualified Commuter Benefits. I further understand that I am solely responsible for the validity of my claims. I have retained originals or copies of all documents submitted. I understand and agree that since these expenses are to be reimbursed, they may not be claimed on my income tax. I also certify that none of these expenses have been previously submitted for reimbursement. I hereby request that the plan reimburse me for expenses identified in this voucher and attachments.

Employee Signature/Date \_\_\_\_\_