

**Participant Information (Please Print)**

Employer's Name:
Employee's Name

**Transportation Expense Certification (*Attach this form and any receipts to a completed claim form.*)**

If your transportation provider does not provide you with a formal receipt, you may use this form as receipt of services.

Name of Transportation Provider:	<input type="text"/>
Date(s) of Service:	<input type="text"/>
Total Amount of Expenses:	<input type="text"/>

**Participant Certification**

I certify that I have incurred the above qualified transportation expense(s) while commuting to work and that they are not eligible for reimbursement under any other source and that another form of claims substantiation is unavailable.

Participant's Signature:	Date:
--------------------------	-------

Please submit your completed certification form along with your completed Claim Form.