



P. O. Box 4346, Missoula, MT 59806

MASS-TRANSPORTATION REIMBURSEMENT REQUEST

To send scanned claims, or for additional forms, go to:

www.allegianceflexadvantage.com

FAX: 406-523-3149 or, toll-free 877-424-3539 PHONE: 406-721-2222 or, toll-free 877-424-3570

Please print legibly in black or blue ink.

Employee Name: _____	Employer Name: _____
Employee ID: _____ (Social Security Number or, if assigned, alternate ID)	# Pages Submitted: _____
Return Phone Number: _____ - _____ - _____	Please call to confirm receipt? Yes <input type="checkbox"/>
Attention: _____	Comments: _____

VAN-POOLING is transportation between work and an employee's residence, but only if in a "commuter highway vehicle." A commuter highway vehicle is a highway vehicle with a seating capacity of six or more adults (not including the driver), and at least 80 percent of the mileage use of which can reasonably be expected to be for purposes of transportation of employees between work and residence.

TRANSIT PASS means any pass, token, fare card, voucher, or similar item that entitles the employee to transportation, provided that such transportation is on mass transit facilities or in the type of highway vehicle eligible for use in van-pooling.

<u>Qualified Mass Transportation</u>	<u>For the Month of</u>	<u>Amount Paid</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

YOU MUST SUBMIT INDEPENDENT, 3RD-PARTY DOCUMENTATION OF YOUR EXPENSES WITH THIS CLAIM FORM (receipt showing service dates and fees paid).

I certify that the dates and services are true and that the claimed expenses have been incurred in connection with transportation between my home and my place of employment.

Signature (required): _____ Date: _____

Check here if your address has changed. New address: _____
