



Justice Administrative Commission
Qualified Transportation Benefit Program
Employee Reimbursement Claim Form

Mail or Fax Completed Form To:
 JAC QTB Plan Administrator
 227 N. Bronough Street, Suite 2100
 Tallahassee, FL 32302
 Toll Free Fax: 866-355-7906

Employee Name	Office/Circuit	Social Security No.

- The regulations require that employees have actually incurred an expense equal to the amount of reimbursement being sought. (Reimbursements cannot exceed the monthly maximum that has been established by the IRS.)
- An employee's certification plus a parking receipt will be adequate. The receipt substantiation requirement may be satisfied with a credit card receipt or the completed JAC Qualified Parking Receipt Form.
- Employee certification **may** be sufficient substantiation if "a receipt is not provided in the ordinary course of business." For example, where parking meters or coin boxes do not provide a receipt.
- Requests for transportation reimbursement must be submitted within 180 days of the date which the expense was paid.

*****Attach valid receipts for each expense*****

Expense Date	Work Location	Parking Receipt	Claim Amount
		<input type="checkbox"/> Parking Receipt Attached	\$
		<input type="checkbox"/> Parking Receipt Attached	\$
		<input type="checkbox"/> Parking Receipt Attached	\$
		<input type="checkbox"/> Parking Receipt Attached	\$
		<input type="checkbox"/> Parking Receipt Attached	\$
		<input type="checkbox"/> Parking Receipt Attached	\$
		<input type="checkbox"/> Parking Receipt Attached	\$
		<input type="checkbox"/> Parking Receipt Attached	\$
		<input type="checkbox"/> Parking Receipt Attached	\$
		<input type="checkbox"/> Parking Receipt Attached	\$
TOTAL REIMBURSEMENT REQUESTED			\$

To the best of my knowledge and belief, my statements in this Reimbursement Request Form are complete and true. I certify that I have incurred the expenses described above on the dates indicated, that the expenses qualify as valid expenses under the Plan, and that I have not been reimbursed previously under any other benefit plan, nor do I expect any of these expenses to be reimbursable elsewhere.

Employee Signature _____ **Date** _____

For JAC Use Only

Reimbursement Amount	\$	Date In FLAIR	Date Payment Made