



State Security Agency

Qualified Transportation Benefit Claim Form



Employee Name (Last, First, MI)	Last 4 digits of SS#.
Email Address	Daytime Phone Number

Form Instructions:	Sending Instructions:
<ul style="list-style-type: none"> Enter the Month and Year of the date in which the expense was incurred. Complete both the Transit and Parking claim sections. A blank in either section will be interpreted as a zero claim amount. Sign and date the claim form. Attach copies of receipts; keep originals for your records. 	Mail: QTB Services, Inc. P.O. Box 418 Merrick, NY 11566-0418 Fax: 516-794-7452 # of Pages <input type="text"/> Do not include a cover page. Claim form 1 st . then receipts. Email: claimforms@qtb services.com

Claim Month / Year: _____

Parking UnReceived Claim Amount Examples: Metered parking, drop box	
Parking Received Claim Amount	
Transit Received Claim Amount Receipts must be provided for all transit claims	

Employee Certification

- Eligible claims must be received within 180 days after date of service.
- I hereby request reimbursement for the above claim amounts.
- I hereby certify that I am an employee of the company and the above information is correct.
- I have not claimed any of the above expenses in any other plan or expense report.
- I hereby certify that the unreceipted claim amounts are for valid reasons as defined above.
- I understand that the claim amounts will be capped at the IRS limits and my elected amounts.
- I understand and agree that false certification may result in disciplinary action taken by my employer up to and including dismissal from employment and possible prosecution for Federal income tax evasion.
- I release my employer from any erroneous election I have made during completion of this form.

Employee Signature

Date