



****Submit your claim online**
Claim Submittal Options**

**Transportation Program
Reimbursement Request Form**

Complete this Reimbursement Request Form each time you submit eligible expenses under the Transportation Program. The *"Itemization of Transportation Expenses"* on the reverse side of this form must be completed in order to receive reimbursement.

Mail, Fax, or Email Completed Claim Form with your Substantiation to:
BBP Admin - 125 West Orchard Street - Itasca, IL 60143
Phone (630) 773-2337 – Fax (630) 775-8568 – E-mail claims@bbpadmin.com

Proper documentation is required along with your completed form. Reimbursement requests are processed weekly. Please provide adequate time for mailing, faxing, or emailing. You should maintain a copy of your completed form along with your receipts for your personal records. If you have questions regarding your claim, login to your account at betterbusinessplanning.wealthcareportal.com.

Personal Information

Name (First, Middle Initial, Last)		Last 4 digits of SS#	Parking Location
Home Telephone Number	Office Telephone Number	E-mail Address	



Check this box if you are submitting a recurring claim.

Reimbursement Request

Total Expenses Claimed		\$	
For the Period		To	

Combine the total of all expenses on Page 2 of this reimbursement request. Also enter the first and last day of the period for which you have itemized expenses. Eligible expenses include the cost of parking your car near a work facility or parking at or near a mass transit facility, when incurred as part of your commute to work. Residential parking expenses are prohibited under this program. Expenses incurred by your spouse or children are not reimbursable through this program. Eligible Van Pool expenses may also be included in your request. Include copies of your receipts to substantiate your reimbursement request.

I certify the transportation expenses for which I have claimed reimbursement have been incurred by me for eligible commuting expenses. I further certify these expenses cannot be reimbursed through any other source; that I have not and will not deduct these expenses on my federal income tax returns. I have provided documentation, for reimbursement under this program. If my expenses were incurred at a meter or honor-box facility, and a receipt is not available, I certify the expense was incurred as claimed. I understand I may be required to provide documentation of my expenses upon request of the Internal Revenue Service, and agree it is my sole responsibility to maintain this documentation.

Signature _____

Date _____

Re-enter Your Personal Information (only if mailing in claim)

Name (First, Middle Initial, Last)	Employer Name:
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Itemization of Transportation Expenses. Complete the appropriate section(s) below. If expenses were incurred at a meter or honor-box facility, your certification on the reverse of this form serves as adequate documentation. All other claims must be substantiated by receipts, which clearly identify the parking facility, date service was rendered, and the total parking fee.

Daily Parking Expenses. Complete the table below, entering the amount of the expense incurred for each date for which you are claiming reimbursement. Please complete a separate form for each month for which you are claiming reimbursement.

Date	Amount of Expense	Date	Amount of Expense	Date	Expense Claimed
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
7		17		27	
8		18		28	
9		19		29	
10		20		30	
				31	
Total Daily Parking Expense				\$	

Monthly Parking Expenses. Complete the table below, entering the amount of the expense incurred for each period for which you are claiming reimbursement.

Period Covered	Parking Facility Name	Parking Facility Location	Expense Claimed
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total Monthly Parking Expense			\$

Other Transportation Expenses. Clearly identify the nature of the expense. Receipts are required. Tipping cannot be reimbursed under this program. Separate expenses by month; do not combine multiple months on a single line.

Month Covered	Other Transportation Expense	Expense Claimed
Total Other Transportation Expense		\$