



# TRANSIT CLAIM FORM

122 Parish Drive  
Wayne, NJ 07470

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SS#: X X X - X X - \_\_\_\_\_  
Last First Last 4 Digits Only

New Address : \_\_\_\_\_

Email Address: \_\_\_\_\_

## TRANSPORTATION

Month/Year	Name of Transit Authority	Amount
Jan/		
Feb/		
Mar/		
Apr/		
May/		
Jun/		
Jul/		
Aug/		
Sep/		
Oct/		
Nov/		
Dec/		

Transit Reimbursement Requested: \$ \_\_\_\_\_

### Instructions:

1. Complete the top portion of the form.
2. Fill in qualified expense details.
3. Sign and date your form. **This form must be signed in order to be processed.**
4. Attach your receipt(s) or other proof of the amount you paid for eligible transportation expenses .
5. Send completed form and attached documentation to gente.

**For Prompt Service Fax to: 973-694-2913 or email to [claims@gente.solutions](mailto:claims@gente.solutions)**

I hereby request reimbursement from my Transit Reimbursement Account for the expenses listed above that I paid for as qualified transportation benefits under IRC Section 132.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

973-995-1000 press "3" • Toll free: 1-866-693-7254 • 973-694-2913 (claim fax)  
[claims@gente.solutions](mailto:claims@gente.solutions)