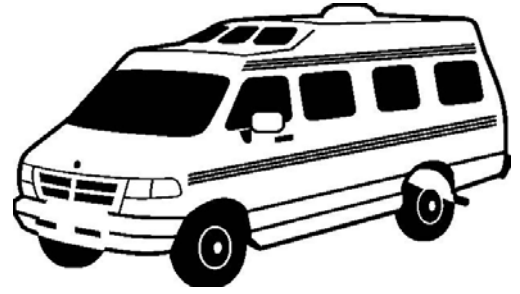




Transportation Benefits Request For Reimbursement
(Transit and Parking Expenses)



When completed, mail or fax this form to:

Flex Corp
820 Gessner, Suite 1225
Houston, Texas 77024
Phone: (866) 401-5272
Fax: (866) 254-2942

Employer Name: _____

Employee Name: _____

Social Security #: _____ or Alternate ID #: _____

Address: _____

City: _____ State: _____ Zip: _____

If this is a new address, please indicate by checking the box.

Service Description:

- Parking \$ _____ (Attach receipts)
- Vanpooling \$ _____ (Attach receipts)
- Transit Passes \$ _____ (Use the following Transportation Expenses Form)

Qualified Parking:

Work-related parking at any parking facility on or near the business premises of the employer including parking provided by the employer. Also parking on or near a location from which the employee commutes to work by vanpooling or carpooling. It does not include parking on or near an employee's residence.

Qualified Vanpooling:

Transportation between an employee's residence and work, but only if in a "commuter highway vehicle," defined as a highway vehicle with a seating capacity of six or more adults not including the driver. This can include transportation provided by the employer.

Qualified Transit Passes:

Any pass, token, fare card, voucher or similar item that entitles the employee to work-related transportation (or transportation at a reduced price) on mass transit facilities or provided by an entity in the business of transporting persons if such transportation is provided in the type of highway vehicle used for vanpooling. By my signature below, I hereby certify that these transit expenses were incurred as provided above and were not advanced or reimbursed to me by my employer.

Please reimburse the above expenses from my transportation benefit reimbursement account in accordance with current guidelines. I certify that these expenses have not been reimbursed nor are they reimbursable from any other source.

Employee Signature

Date



Transportation Benefits Request For Reimbursement
(Transit and Parking Expenses)

Month Of: _____

Employee Name: _____

Hire Date: _____ Location: _____

Fixed Monthly Expenses: _____ Bus Amount: _____ Parking Amount: _____

Only one receipt for the full amount attached

Variable Expenses: List expenses on a day-to-day basis for a specific month.

Date: _____ Bus Amount: \$ _____ Parking Amount: \$ _____

Date: _____ Bus Amount: \$ _____ Parking Amount: \$ _____

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Date: _____ Bus Amount: \$ _____ Parking Amount: \$ _____

Date: _____ Bus Amount: \$ _____ Parking Amount: \$ _____

Bus Total: \$ _____

Parking Total: \$ _____

Employee Signature

Date