

## Qualified Transportation Expense Plan REIMBURSEMENT FORM

| INSTRUCTIONS  |  |   |   |
|---|--|---|---|
| A. EMPLOYEE INFORMATION   |  |   |   |
| <ul style="list-style-type: none"> <li>▪ COMPLETE SECTIONS A and B (<u>PLEASE PRINT</u>)</li> <li>▪ SIGN AND DATE THE FORM</li> <li>▪ ATTACH DOCUMENTATION, IF AVAILABLE.</li> <li>▪ ALL REIMBURSEMENTS ARE PAID DIRECTLY TO THE EMPLOYEE</li> <li>▪ IF YOU HAVE QUESTIONS, PLEASE CALL EBPA: 1-888-678-3457</li> </ul>   |  |   |   |
| EMPLOYEE SOCIAL SECURITY NUMBER   | COMPANY NAME<br><b>THE NEW SCHOOL</b>          |   |   |
| LAST NAME   |  | FIRST NAME                                  |   |
| ADDRESS   | CITY   | STATE                                       | ZIP CODE                                    |
| B. COMMUTER REIMBURSEMENT ACCOUNT EXPENSES  |  |   |   |
| Please indicate the amount and type of expenses (Parking or Mass Transit) requested for reimbursement.<br>As a reminder, the IRS requires you to retain all receipts.   |  |   |   |
| DATE<br>(Month / Year)  | REIMBURSEMENT ACCOUNT REQUESTED<br>Amount Paid | TYPE OF EXPENSE<br>(Check one box per line) |   |
|   | \$   | <input type="checkbox"/> Parking            | <input type="checkbox"/> Commuter (Transit) |
|   | \$   | <input type="checkbox"/> Parking            | <input type="checkbox"/> Commuter (Transit) |
|   | \$   | <input type="checkbox"/> Parking            | <input type="checkbox"/> Commuter (Transit) |
|   | \$   | <input type="checkbox"/> Parking            | <input type="checkbox"/> Commuter (Transit) |
| I am submitting this reimbursement request for parking and/or mass transit commuter expenses, which are eligible for favorable income tax treatment in accordance with federal guidelines under Internal Revenue Code Section 132 (f). I understand and confirm: <ol style="list-style-type: none"> <li>1) I am solely responsible for submitting proper documentation of my eligible expenses,</li> <li>2) that these expenses are indeed qualified transportation expenses which qualify for reimbursement and are eligible to be excluded from my federal taxable wages,</li> <li>3) they have not been reimbursed from any other source or previously submitted for reimbursement, and</li> <li>4) when combined with any other transportation benefits provided by my employer, they do not exceed the applicable monthly limits.</li> <li>5) I request reimbursement for transportation and/or parking expenses incurred by me during the periods indicated above.</li> </ol> <p style="text-align: center;"><b>As a reminder, the IRS requires you to retain all receipts.</b></p> <p style="text-align: center;"><b>My signature affirms that all information presented by me on this affidavit is full, complete and true to the best of my knowledge.</b></p> |  |   |   |
| EMPLOYEE SIGNATURE ( <i>Required</i> )  |  |   | DATE  |