

## QUALIFIED TRANSPORTATION EXPENSE PROGRAM

### REIMBURSEMENT CLAIM FORM INSTRUCTIONS

Because you are responsible for understanding and complying with the IRS regulations and maintaining documentation for the information submitted on this reimbursement form, you should carefully read the requirements concerning eligible transportation expenses outlined in the Employee Information Brochure. If you are audited by the IRS, you may have to provide substantiation to them regarding your expenses and/or eligibility.

Please provide the information requested on side 1 and attach a receipt or statement for the expenses incurred. The receipt or statement must provide the required details. Be certain to keep copies for your records. The originals will not be returned to you. Please indicate the type of transit pass you purchased such as TransPass, TrailPass, tokens, etc.

You will be reimbursed up to the available balance in your account as of the pay date the reimbursement is processed. If your account balance is not sufficient to cover the amount requested, the remainder will be reimbursed as subsequent deductions are added to your account until that claim is fully reimbursed. Reimbursement cannot have been made or requested from any other source.

IRS regulations require that any money remaining in your account after all qualified reimbursements for Qualified Parking and/or for Transit Pass costs have been paid cannot be returned to you but **must be forfeited**. However, balances may be carried forward month to month.

If you have any questions regarding the Qualified Transportation Account Program, please feel free to call the AOPC Payroll Department at 717-231-3325.

**Administrative Office of Pennsylvania Courts**



**QUALIFIED TRANSPORTATION EXPENSE PROGRAM  
REIMBURSEMENT CLAIM FORM**

*Please print or type. See instructions on reverse side and attach required receipts..*

Employee Name  _____	Social Security Number <u>XXX-XX-</u> _____
Last name, first name & middle initial	Last 4 digits only

<b>Qualified Parking Expense</b> Parking Location	Dates of Service						Amount of Eligible Expense
	Beginning			Ending			
	Mo	Day	Year	Mo	Day	Year	
							\$
							\$
							\$
							\$
<b><u>Total Eligible Parking Expense</u></b>							<b><u>\$</u></b>

<b>Transit Pass Expense</b> Transit System Name & Pass Type	Dates of Service						Amount of Eligible Expense
	Beginning			Ending			
	Mo	Day	Year	Mo	Day	Year	
							\$
							\$
							\$
							\$
<b><u>Total Eligible Transit Pass Expense</u></b>							<b><u>\$</u></b>

Employee Signature	Date
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Please return completed form to:

Payroll Department  
The Administrative Office of Pennsylvania Courts  
601 Commonwealth Ave., Suite 1500  
P.O. Box 61260  
Harrisburg, Pennsylvania 17106-1260