

# Section 132 Transportation Reimbursement Plan Claim Form

Mail or fax this form with documentation to:  
 Superior State Employer Solutions  
 P.O. Box 577  
 Menominee, MI 49858  
 Fax: (906) 863-1105

Employee Name (please print): \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Participant ID Number  
 or Social Security Number: \_\_\_\_\_  
 Name of Your Employer (please print): \_\_\_\_\_  
 Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Indicate here if your address/information has changed:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Section 132 Transportation Reimbursement Plan (TRP)	
Date(s) Parking Service Actually Provided	Amount
____ / ____ / ____ to ____ / ____ / ____	\$ _____ ____ Receipt(s) Attached
____ / ____ / ____ to ____ / ____ / ____	\$ _____ ____ Receipt(s) Attached
____ / ____ / ____ to ____ / ____ / ____	\$ _____ ____ Receipt(s) Attached
____ / ____ / ____ to ____ / ____ / ____	\$ _____ ____ Receipt(s) Attached
Total Reimbursement Requested	\$ _____

Complete this section  
if you want  
reimbursement for  
parking plan expenses.

By signing this form, I certify that each expense listed was incurred primarily for a work-related purpose and that each expense is reimbursable under the guidelines of the Compensation Reduction Agreement that I previously signed. I also understand that these expenses cannot be reimbursed from any other source or used to claim any federal income tax deduction or credit. Finally, I understand that I will only be reimbursed up to the amount that has already been withheld from my pay, not to exceed the plan's monthly maximum.