

Employer Name: _____
**Section 132 Transit and Parking Spending Account
 Claim Reimbursement Form**

| | | | |
|--------------|------------|----------------|---------------------|
| Last Name | First Name | Middle Initial | Social Security No. |
| Home Address | | | Daytime Phone |
| City | | State | Zip |

Claims

| Date of Expense | Expense Description | Amount |
|-----------------|---------------------|--------|
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I certify that the expenses being submitted were incurred while covered under the Company's Transit and Parking Spending Account Plan, and have not been reimbursed by any other source. If the claim is not valid, I recognize that I will be liable for payment of all taxes on amounts paid from the Plan which relate to that expense. I also recognize that I cannot claim these expenses on my personal income tax return.

Employee Signature _____ Date _____

Send completed reimbursement form and receipts to:

THE HARRISON GROUP, INC.
 3 Raymond Drive, Suite 201 · Havertown, PA 19083 · 610-853-9075 · Fax 610-853-9079
 Email service@theharrisingrouponline.com