Request for Reimbursement Parking/Transit Claim Form

Employer Name:_____

Employee Last Name (Please Print)_____First Name_____Middle Initial _____

Address_____City_____State_____Zip_____

Social Security Number_____Home Phone (____) _____Work Phone (____) _____

Employee E-mail Address (if any)_____

Be sure to provide all information requested in each row as outlined in the 1st row, which is an example. If the form is incomplete, it will be returned to you. You can send this form along with the third-party documentation substantiating your claim(s) to OCA, 3705 Quakerbridge Road, Suite 216, Mercerville, NJ 08619, or by email at claims@oca125.com, or fax directly to 609-514-0111, 609-514-2778 (Alternate), 609-570-8980 (Alternate).

Parking and Transit Claims

Service Period From	Service Period To	Parking Expense	Transit Expense	Total Amount
01/01/2023	**01/31/2023**		**$260**	**$260**
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
			Total	$

Employee's Certification for Reimbursement

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependent(s), were no reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plan. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature:_____**Date:**_____/_____/_____
mm/dd/yy