

**TRANSPORTATION BENEFIT REIMBURSEMENT ACCOUNT CLAIM FORM  
County of Ventura, State of California**

**DO NOT complete shaded areas. Please read instructions on reverse side before you begin this form**

I. CLAIM OF \_\_\_\_\_ EMPLOYEE IDENTIFICATION NO. \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
 DEPARTMENT NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**➡ Do NOT complete shaded areas ⬅**

II.

DATES OF SERVICE month, day, year	TRANSIT AGENCY NAME, NUMBER OF TRIPS, AMOUNT PER TRIP	DOLLARS	CENTS	Human Resources Approval
Ex: 1/1/13 - 1/31/13	Example: VISTA Bus - 20 round-trips @ \$X.XX EACH	XX	XX	

**Employee Statement:** I certify under penalty of perjury that I have incurred the commuting expenses summarized above for the dates incurred, and that the expenses have not been reimbursed, will not be reimbursed, and are not reimbursable under any other plan. I further certify that this claim for expenses complies with the requirements and limitations of the Transportation Benefit Reimbursement Account Program as outlined in the Plan Document.

<b>TOTAL</b>	\$			
<b>NET AMOUNT</b>	\$			
CLAIM#		CLAIM DATE		
Name _____ CEO/HUMAN RESOURCES/BENEFITS APPROVAL				

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employee:** Sign **your** name here. Send claim with receipts to the Benefits Unit of Human Resources for approval. A check will be sent to you in payment of this claim WITHIN 30 DAYS.

APPROVED AS REQUIRED BY CALIFORNIA GOVERNMENT CODE SECTION 29704

**CHRISTINE L. COHEN** By: \_\_\_\_\_  
 County Auditor-Controller DEPUTY AUDITOR DATE

**ACCOUNTING DATA FOR OFFICE USE ONLY - EMPLOYEE LEAVE BLANK**

Batch ID [ ][ ][ ][ ] [ ][ ][ ][ ][ ] Document ID [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 Date (MMDDYY) [ ][ ][ ] [ ][ ][ ] NEW [ ][ ][ ][ ][ ] Document Total [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ] Vendor Code [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]  
 [ ][ ][ ][ ] MODIFICATION [ ][ ][ ][ ][ ]

LINE	FUND	AGENCY	ORG	SUB ORG	ACTIVITY	FUNCTION	OBJECT	SUB OBJ	PROJECT/JOB
015000									
RPT CAT	B S ACCT	TBRAP INVOICE NUMBER				AMOUNT			
	6017	<b>T B R A P #</b>							

Forward via U.S. Mail to County of Ventura, HR/Benefits, 800 S. Victoria Ave., #1970, Ventura, CA 93009-1970, or Brown Mail to L# 1970.

**COUNTY OF VENTURA  
TRANSPORTATION BENEFIT REIMBURSEMENT ACCOUNT PROGRAM  
CLAIM INSTRUCTIONS**

**Please hold claims until total exceeds \$20. When preparing your claim, please keep photocopies of all receipts or other proof of eligible expenses. The copies you submit for reimbursement cannot be returned. All claims must be submitted within 180 days from the date of the eligible expense.**

1. Read the Important Information below.
2. Complete the unshaded sections of Parts I and II. Make no entries in the Accounting Data section.
3. You **MUST** attach receipts showing dates and amounts paid.
4. Read the Employee Statement, sign the claim form, and return the claim form to the Benefits Unit of Human Resources, #1970, for approval.

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**IMPORTANT INFORMATION REGARDING PAYMENTS**

The Transportation Benefit Reimbursement Account Program covers all mass public transit systems (i.e., bus, train, etc.) in connection with travel between the participant's residence and place of employment. This benefit covers employees only and does not cover dependents, independent contractors, vendors, and/or volunteers.

Maximum monthly contribution or reimbursement cannot exceed the IRS limit in any single month (IRS Publication 15-B). Cash purchases without receipts are not reimbursable under this program.

On a monthly basis, the participant shall submit a claim form along with receipts. Reimbursement will normally take 30 days after submission of the claim form. The amount reimbursed shall reduce the amount credited to the participant's account. All claims for reimbursement must be submitted within 180 days from the date of the eligible expense. Any claims submitted after 180 days will not be accepted.

Participants may suspend, restart, change, and/or close their account by submitting a "Payroll Deduction Authorization/Cancellation" form to Human Resources-Benefits 30 days in advance of the effective date of the change. Newly eligible participants can elect to participate within 31 days from their date of eligibility and quarterly thereafter. All changes will take effect on the normal payroll cycle.

If a participant terminates employment or terminates participation in the program, expense claims must be received by Human Resources-Benefits before the end of the "Grace Period". The Grace Period ends on the last day of the month that the employee closes the account or terminates employment. Any amount remaining in an account for which no claim is made during the Grace Period shall be forfeited and will not be returned to the participant.

If a claim for reimbursement under this program is wholly or partially denied, a written notice of adverse benefit determination shall be furnished to the claimant within a reasonable period of time, not to exceed 60 days after receipt of the claim by the Plan Administrator.

Upon receipt of an adverse benefit determination, the claimant must appeal in writing, within 60 days, to the Plan Administrator seeking reconsideration of the denial. This appeal step is a prerequisite to pursuing any other avenues of relief.

For more information, please review the Transportation Benefit Reimbursement Account Program brochure. If you have further questions regarding this form, the instructions, or eligible expenses, please contact the Benefits Unit of the County of Ventura Human Resources.