



When completed, mail this form and receipts to:

Flex Corp  
5700 Northwest Central Drive, Suite 320  
Houston, Texas 77092-2092  
Phone: 713-939-5858 or 1-800-856-1816

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If this is a new address, please indicate by checking the box.

### Service Description:

Parking	\$ _____	(Attach receipts)
Vanpooling	\$ _____	(Attach receipts)
Transit Passes	\$ _____	(Use the following Transportation Expenses Form)

### Qualified Parking:

Work-related parking at any parking facility on or near the business premises of the employer including parking provided by the employer. Also parking on or near a location from which the employee commutes to work by vanpooling or carpooling. It does not include parking on or near an employee's residence.

### Qualified Vanpooling:

Transportation between an employee's residence and work, but only if in a "commuter highway vehicle," defined as a highway vehicle with a seating capacity of six or more adults not including the driver. This can include transportation provided by the employer.

### Qualified Transit Passes:

Any pass, token, fare card, voucher or similar item that entitles the employee to work-related transportation (or transportation at a reduced price) on mass transit facilities or provided by an entity in the business of transporting persons if such transportation is provided in the type of highway vehicle used for vanpooling.

By my signature below, I hereby certify that these transit expenses were incurred as provided above and were not advanced or reimbursed to me by my employer.

Please reimburse the above expenses from my transportation benefit reimbursement account in accordance with current guidelines. I certify that these expenses have not been reimbursed nor are they reimbursable from any other source.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

