



## Commuter Benefits Account Reimbursement Form

### Instructions

This form is for reimbursement of any out-of-pocket expenses where your Forma Benefits Card was not used, and you do not have a detailed itemized receipt. Please submit this form with your supporting documents, including invoice, and bank statements as proof of the payment via <https://client.joinforma.com/claims>. Should you have any questions, please contact our member experience team via Live Chat or email to [support@joinforma.com](mailto:support@joinforma.com).

### Section 1

Employee Full Name:	Employer Name:
Email Address:	Phone Number:

To the best of my knowledge, my statements in this form are true and complete. I certify that these expenses have not previously been reimbursed under this or any other plan, and I will not seek reimbursement for them under any other benefit plan (including a plan through my employer or through a spouse, domestic partner, or parent). I understand that the expenses for which I am reimbursed may not be used to claim any federal income tax deduction or credit.

Employee Signature Verification X \_\_\_\_\_ Date \_\_\_\_\_ Required to  
process reimbursements

**Section 2**

Date of Service	Dependent's Name Description of Service	Amount of Service
		\$
		\$
		\$
Total Amount of Reimbursements:		\$

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