



Request for Reimbursement Transportation Benefit Account

Please complete and attach to Other Benefit Inquiry – HR Request for reimbursement via Answers.

Instructions:

1. Employee must complete Employee Information.
2. Complete Claim Information in its entirety. Please ensure your supporting documentation clearly indicates the requested amount.
3. Attach receipt for Transit Pass* (When attaching small receipts, we suggest you tape them to a standard size sheet of paper.)

**Transit Passes: a transit pass is any pass, token, fare card, voucher, or similar item entitling a person to ride, free of charge or at a reduced rate, on one of the following*

1.1.1 On mass transit

1.1.2 In a vehicle that seats at least 6 adults (not including the driver) if a person in the business of transporting persons for pay or hire operates it.

Employee Information:

Employee Printed Name

Last four digits of Employee Social Security Number *Required for Processing*

Employee WWID and Date of Birth

Employee Preferred Contact Method (Current telephone number or email)

Claim Information

Date of Service _____ Requested Amount: \$ _____

Cummins Services

Health and Wellness Administration

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