



Interim Claim Form for Transit Commuting Only
To be used from 07/01/2008-12/31/2008

Last Name	First Name	Employee ID#	
Phone Number		Department	
Street Address	City	State	Zip Code

To ensure that we comply with IRS regulations, employees must submit reimbursement request within 180 days of the date you incurred the expense. All claims must be received by the Benefits Office prior to the 10th of each month to ensure reimbursement in that month.

Please list below the amount (s) of reimbursement you are requesting/submitting.

Attach *ORIGINAL* receipts for all eligible expenses. By submitting this receipt for claims verification, you are confirming that this is a qualifying expense that has not been reimbursed under another Insurance program.

Claim Requests

Provider Name	Transaction Date	Net Amount
		Total

Signature: _____ *Date:* _____

Yale University Benefits Office
155 Whitney, Rm 130
New Haven, CT 06520
Phone: (203) 432-5550 Fax: (203) 432-7575