

Section 132 Employee Benefit Plan  
Transportation & Qualified Parking  
Customer Receipt

Name of Employer \_\_\_\_\_

Participant Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Plan Type ( circle one) Transit Expense    Qualified Parking

Service Dates: From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

Service Dates: From \_\_\_\_\_ To \_\_\_\_\_ \$ \_\_\_\_\_

**Received of:** \_\_\_\_\_ **Date** \_\_\_\_\_

( Customer's Signature)