WIMBERLY ASSOCIATES, INC.

PARKING AND TRANSIT CLAIM REIMBURSEMENT FORM

Wimberly Associates, Inc.
150 Cunningham Pond Rd.
Peterborough, NH 03458
Fax: 888-653-6034

Name: _____

Employer: _____

SSN: _____

PARKING EXPENSES			TRANSIT EXPENSES		
Dates	**Where Parked**	**Amount**	**Dates**	**Transit Method**	**Amount**
Total Claimed (max $255 per month)			**Total Claimed (max $255 per month)**		

All Payments for qualified parking must be for parking or near business premises during the hours you worked. All payments for transit mean any token, pass, fare card or voucher that entitles you to transportation via mass transit to and from work. Receipts or proof of expense should be provided with this form. In the absence of third party documentation, a suitable log can be substituted. The undersigned participant in the Plan certifies that all expenses for which reimbursement is claimed by submission of this form were incurred during a period while the undersigned was covered under the Company's Plan and were not reimbursed elsewhere. The undersigned fully understands that he or she alone is responsible for the sufficiency, accuracy, and veracity of all information relating to this claim and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for all related taxes on amounts paid which relate to such expense.

Employee's Signature: _____ Date: _____