



P.O. Box 11657 Pleasanton, CA 94588 888 327 2770 fax 925 460 3929

COMMUTER CHOICE BENEFITS: Affidavit for Transit Expense

(To submit with a claim form when there is no receipt available.)

Your Name: _____

Name of Company you work for: _____

Name of Transit Provider: _____

Departing Location: _____
(name of station including city and state at beginning of commute – Home location)

Arriving Location: _____
(name of station including city and state at end of commute – Home location)

The cost I incurred is \$ _____ (cost of transit)

For the period beginning _____ (date) and ending _____ (date)

I declare that I travel, using the above named mass transit system, so that I may work, and I was not provided with receipts. I am providing this affidavit in lieu of a receipt from that transit facility. I understand that by signing below, I am attesting that all the information provided is true and correct and I accept any liability (including tax or penalties) for incorrect information.

Signature: _____ Date: _____

Phone Number or e-mail address for inquiry by EBS: _____

Attach this affidavit to a claim form and send to EBS:

Fax: 925-460-3929
Mail: EBS, Inc.
P.O. Box 11657
Pleasanton, CA 94588