



Charles F. Herman & Associates, Inc.

Tax Free Transportation Program Reimbursement Voucher Form



EMPLOYER NAME: RESEARCH FOUNDATION FOR MENTAL HYGIENE, INC.

GROUP: 4002

EMPLOYEE NAME: _____

SOCIAL SECURITY NO. — —

EMPLOYEE ADDRESS: _____
Number/Street City State Zip () Daytime Phone Number

Email: _____ Yes, I want to receive my Quarterly Statements and other communications by email

Please check if this is a new address.

For CFH use only

1. Each expense must be substantiated by a written statement from the provider of the qualifying service certifying the date the service was provided and the amount charged.
2. Attach bills, receipts, or other qualifying documentation to this form.
3. Please be sure to sign and date the form.
4. Make a photocopy of the reimbursement voucher form and documentation for your records; submit your reimbursement form and supporting documents to:

Transportation Expense Claims
Charles F. Herman & Associates, Inc.
 PO Box 13565
 Albany, NY 12212-3565
 Ofc 518-370-8696 Fax 518-370-8699

Transportation Expenses			
Month of Service	Date Paid	Description of Service	Amount
Transportation Expense Total			\$

Parking Expenses			
Month of Service	Date Paid	Description of Service	Amount
Parking Total			\$

CERTIFICATION

The expenses listed on this form are eligible under the Tax-Free Transportation Program. I certify that these are employment related expenses that I incurred on behalf of myself. I am not being reimbursed from any other source and I will not claim these expenses as a deduction or for a credit when filing Internal Revenue Service Form 1040.

Employee Signature: _____

Date: _____