



EMPLOYEE BENEFITS ADMINISTRATION

2024

QTA QUALIFIED TRANSPORTATION ACCOUNT
PARKING AND TRANSIT REIMBURSEMENT REQUEST

EMPLOYEE INFORMATION
Employee Name: Last 4 Digits of SSN:
Employer:

PLAN PARAMETERS
Maximum Reimbursement: Parking: \$315 per month / Transit: \$315 per month

Table with 6 columns: Account Type, Start Date, End Date, Receipt (Y/N), Provider, Amount. Includes a header row and multiple empty rows for data entry.

Submit Claims To: Group Dynamic, LLC
Address: 251 US Route One, Suite O-2, Falmouth, ME 04105
Email: claims@gdynamic.com Fax: 207-518-5200

I request reimbursement for my qualified expenses as itemized above. I certify that I incurred these expenses as an employee of the employer named above and that these expenses are not eligible for reimbursement from any other source.

SIGNATURE: DATE:

If you are submitting a request with NO receipts, a second signature is required below:
Expense Certification: I hereby certify that for each expense listed above for which I have not attached documentation verifying the expense, that a receipt or statement was not available as part of the normal business transaction from the provider listed above.

SIGNATURE: DATE:

Reimbursement requests received before 12 Noon (ET) on Tuesday will be processed that week.
Requests received after 12 Noon (ET) on Tuesday will be processed the following week.

Phone: 800-626-3539

Website: www.gdynamic.com