

HEALTH CARE FSA - TRAVEL LOG

Submit this form along with the Reimbursement Request Form to claim travel expenses for health care related visits. Travel expenses will qualify if the transportation is primarily for and essential to medical care. Includes car expenses; bus, taxi, train, plane, and ferry fares; and ambulance services. Instead of actual car expenses, a standard mileage rate (19 cents per mile for 2016; 23 cents per mile for 2015) for use of a car to obtain medical care is allowed. Parking fees and tolls can also qualify.

Employer Name: _____

Employee Name: _____ **Employee ID or SSN:** _____

1 _____
 Name of Parking Facility or Service Provider Name Provider Address

 Purpose of Trip/Visit Date(s) of Service/Visit

PARKING
 TOLLS
 PUBLIC TRANSPORTATION

\$, .

Total Health Care Related Miles: _____

(Include a receipt for parking, tolls or public transportation expenses)

2 _____
 Name of Parking Facility or Service Provider Name Provider Address

 Purpose of Trip/Visit Date(s) of Service/Visit

PARKING
 TOLLS
 PUBLIC TRANSPORTATION

\$, .

Total Health Care Related Miles: _____

(Include a receipt for parking, tolls or public transportation expenses)

3 _____
 Name of Parking Facility or Service Provider Name Provider Address

 Purpose of Trip/Visit Date(s) of Service/Visit

PARKING
 TOLLS
 PUBLIC TRANSPORTATION

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Total Health Care Related Miles: _____

(Include a receipt for parking, tolls or public transportation expenses)

EMPLOYEE'S STATEMENT

I verify that I have incurred the above transportation expense(s) in accordance with IRS regulations. The trips listed above were made specifically for health care related needs for myself or tax dependents.

 Employee Signature

 Date

RETURN THIS COMPLETED FORM ALONG WITH THE REIMBURSEMENT REQUEST FORM TO:

Asure Software
 5100 W Kennedy Blvd. Suite 300
 Tampa FL 33609
 Fax: 224-433-5229
 Email: processingteam@emangrove.com