

Transit Receipt Form



Toll-Free Fax 1-888-9898-FAX

Please complete and send this form along with receipts to verify your online transit claim submission request.

Employee Name (Last, First, MI)	Employer Name
Last 4 digits of Social Security Number XXX — XX —	Daytime Phone Number
Email Address <i>(to be used for claim correspondence only)</i>	
Description of Expenses	

Submit receipt(s) within 10 days of purchase using one of three ways:

1. **MAIL** complete form and receipts to address at right:
2. **FAX** this form along with receipts to (248) 543-2296 or 1-888-9898-FAX
3. **EMAIL** scanned copies of receipts with above information to claims@adminproadvantage.com

AdminPro Claims
1423 E. 11 Mile Road
Royal Oak, MI 48067