



Order Form

Date: _____
 FAX - # Pages: _____

Company Name: _____

Employee Name: _____ Day Phone: _____ Transit Month(s): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Fare Voucher	Dollar Amount	Fee *	Total
* Fare Check(Pace, Metra, RTA, CTA)	\$ _____	+ .50 =	\$ _____
* Commuter Check Voucher(Outside Illinois)	\$ _____	+ .50 =	\$ _____

* There is a \$10 minimum per order. The CTA, RTA and MTA assess a \$.50 processing fee.

Fare Card	Quantity	Dollar Amount *	Total
CTA Transit Card	x	\$ 30.00 + .50 per card =	\$ _____
CTA Transit Card	x	\$ 35.00 + .50 per card =	\$ _____
CTA Transit Card	x	\$ 50.00 + .50 per card =	\$ _____
CTA Transit Card	x	\$ 70.00 + .50 per card =	\$ _____
CTA 30 Day Pass	x	\$ 86.00 + .50 per card =	\$ _____
CTA 30 Day Reduced Fare Pass	x	\$ 35.00 + .50 per card =	\$ _____
MTA 30 Day Pass	x	\$ 81.00 + .50 per card =	\$ _____

TOTAL AMOUNT ORDERED* = <i>Expenditures are limited to \$230 per month</i>	\$ _____
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I authorize Flexible Benefit Service Corporation to order the above vouchers on my behalf.

Employee Signature: _____ Date: _____

Please Note: You must fax this form to Flexible Benefit Service Corporation at 847-440-9100 or email to dcinfo@flexiblebenefit.com by the 5th of the month in order to receive your transit pass for the following month.

Please send all completed forms and documentation to:



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 FlexTRANSIT-Order Form-03.09

Flexible Benefit Service Corporation –DC Department
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 Email: dcinfo@flexiblebenefit.com