

Date: _____
FAX - # Pages: _____

 **Parking Reimbursement Form**

Please follow the steps below to thoroughly and accurately complete this form.

STEP 1: Company Name: _____

Day Phone: _____

STEP 2: Employee Name: _____

SSN: _____

STEP 3: PARKING EXPENSES

\$ _____
\$ _____
\$ _____
\$ _____

TOTAL: \$ _____

STEP 4: DATE RANGE FOR PARKING EXPENSES

From: _____ To: _____
From: _____ To: _____
From: _____ To: _____

Payout Schedule – Claim Reimbursement Checks are distributed once a month.
If Flex receives claims by 5 PM on the 20th of the month, reimbursement checks will be sent to the employer by the last day of the month.

STEP 5:

By signing this form, I acknowledge that my statements in this request for reimbursement form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the application plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed under this or other benefit plans and will not be claimed as an income tax deduction. I authorize my FlexTRANSIT (parking) account to be reduced by the amount(s) requested.

Employee Signature: _____

Date: _____

Submit a Reimbursement Request in four easy steps...

1. Provide acceptable proof of paid expenses. We request that you send **COPIES** of your proof of expenses since they will not be returned to you. For tax purposes, you should retain the **original** proof of expense.

Parking Accounts - A copy of paid receipt for parking lot, parking garage or a paid bill for monthly parking stating month of service

2. Write the total amount for reimbursement on the front of this form.
3. Attach all copies pertaining to your claim to this form.
4. Send request for reimbursement via mail, fax or email.

Please send all completed forms and documentation to:



*FlexTRANSIT is a trademark of Flexible Benefit Service Corporation
FlexTRANSIT-Enrollment Kit-10.08*

Flexible Benefit Service Corporation - DC Department
10275 W. Higgins Rd., Suite 500, Rosemont, IL 60018
866-472-0882 – Fax (847) 440-9100
Email: claims@flexiblebenefit.com