FLEX TRANSIT®

Parking Reimbursement Form

Date: _____
Fax- # of Pages: _____

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

Step 1: Personal Information

Company Name: _____

Employee Name: _____ SSN: _____ Date of Birth: _____

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

Phone Number: _____ Email Address: _____

Step 2: Parking Expenses

Expense Amount	Date Range for Expense	
$ _____	From: _____	To: _____
$ _____	From: _____	To: _____
$ _____	From: _____	To: _____
$ _____	From: _____	To: _____
Total: $ _____		

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

Step 3: Acknowledgement and Signature

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. **Parking Accounts-** provide acceptable proof of paid expenses which is 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 847-440-9100 or email claims@flexiblebenefit.com.