

## PARKING EXPENSE REIMBURSEMENT REQUEST

- Instructions:**    **If you have receipts:**
1. Complete the front portion of this form
  2. Attach copies of receipts
  3. Sign, date and submit for reimbursement
- If receipts can not be provided:**
1. Complete the expense log below
  2. Complete total
  3. Sign, date and submit for reimbursement

Note: Expenses can not be submitted for reimbursement prior to the month of use or for expenses more than 180 days old

COMPANY NAME: \_\_\_\_\_

EMPLOYEE NAME (PLEASE PRINT)	EMPLOYEE ID NUMBER	HOME ADDRESS (street, city, state and zip code)

**QUALIFIED EXPENSES**

- Parking**
- The cost of parking your car at a facility located at or near your office location (e.g. parking garage or lot) or cost of parking at a facility located at or near a location from which you commute to work (e.g. Metro Parking lot)

Date Incurred (MM/YY)	Parking (Not to exceed \$240.00 per month) Parking Provider	Qualified Expense
<b>Total Parking Amount Requested</b>		\$

I certify I am familiar with and understand the Program requirements contained in the employee materials; that the amounts herein requested for reimbursement have actually been incurred by me as eligible Program expenses during the Program Year; and, that these expenses have not and will not be reimbursed to me in any other form, nor were they previously submitted for reimbursement under this or any other program. In addition, I have not claimed more than the allowed maximum (\$240 per month for qualified parking expenses & \$125 per month for qualified Mass Transit expenses. If the combined total of the reimbursements you have received under this program, plus any subsidy or discount you have received for "qualified expenses" which have not been included in your taxable income, exceeds this monthly limitation, you must include the excess as taxable income on your tax return.

EMPLOYEE SIGNATURE	DATE SUBMITTED (MM/DD/YY)

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**Please mail or fax claim forms to:**  
**Claims Department**  
**HFS Benefits**  
**4 North Park Drive, Suite 500**  
**Hunt Valley, MD 21030**  
**Phone 410.771.1331 -- Toll free 888.460.8005**  
**Fax 410.771.5533**

**Please maintain a copy of the front and back of this form for your files.**