

INSTRUCTIONS TO RECEIVE REIMBURSEMENT FROM YOUR PARKING SPENDING ACCOUNT

This form is to be used to request a reimbursement for out of pocket PARKING expenses.

Acceptable qualified parking expenses include:

- Parking on or near your Employer's business premises, OR
- Parking on or near a location from which you commute to work, either by mass transit, commercial commuter highway vehicle, qualifying non-commercial commuter highway vehicle or car pool.

Types of supporting documentation needed:

You are required to provide supporting documentation of your expense, such as an itemized receipt from your Parking Provider that includes:

- Date of service
- Type of service (it must show the Parking Provider's name)
- Parking amount

Follow these steps:

Step 1 - Complete the following form:

- Print in all CAPITAL LETTERS
- Use a separate line for each individual itemized expense
- Complete all sections, Sign and Date the form

Step 2 - Attach supporting documentation:

- Make a copy of all receipts onto a white, letter sized piece of paper.

Step 3 - Submit your Claim documents

- FAX: Send the Claim form and copy of receipts in the same fax. Do not include a cover page
- MAIL: Send the Claim form and copy of receipts in the same envelope. Use first class mail. Overnight packages will not be accepted.

Step 4 - Receive your Reimbursement:

- A reimbursement check will be mailed to your address on account within ten business days. Please ensure your delivery address is accurate by going to www.commutercheckdirect.com, and sign into your account.



Commuter Expense Reimbursement Form

Use only CAPITAL LETTERS and complete all fields

SECTION 1: YOUR INFORMATION

EMPLOYEE ID NUMBER

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COMPANY NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EMPLOYEE LAST NAME

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EMPLOYEE HOME ZIP CODE

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EMPLOYEE FIRST NAME

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EMPLOYEE EMAIL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DAYTIME PHONE # WITH AREA CODE (NO DASHES)

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SECTION 2: DETAIL YOUR EXPENSES

EXPENSE:

DATE OF SERVICE (MMDDYY)

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CLAIM TYPE

PARKING

EXPENSE AMOUNT (DOLLARS & CENTS)

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RECEIPT ATTACHED?

YES NO

PROVIDER NAME

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EXPENSE:

DATE OF SERVICE (MMDDYY)

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CLAIM TYPE

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EXPENSE AMOUNT (DOLLARS & CENTS)

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RECEIPT ATTACHED?

YES NO

PROVIDER NAME

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EXPENSE:

DATE OF SERVICE (MMDDYY)

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CLAIM TYPE

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EXPENSE AMOUNT (DOLLARS & CENTS)

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RECEIPT ATTACHED?

YES NO

PROVIDER NAME

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SECTION 3: CERTIFICATION

I certify that:

- I have read and clearly understand the instructions listed on page one
- All information I entered in this form is correct
- The parking expenses were incurred by me
- I understand that if any information is incomplete or inaccurate, then I will not qualify for a reimbursement

Employee Signature: _____ Date: _____

Contact Info:

FAX: MAIL:

1-617-213-5414

PHONE:

1-800-531-2828

Commuter Check Direct
Attn: Parking Reimbursement
PO Box 180
New Town, MA 02456

