

## 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](http://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

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EMPLOYEE LAST NAME

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EMPLOYEE HOME ZIP CODE

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EMPLOYEE FIRST NAME

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EMPLOYEE EMAIL

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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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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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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

