# PARKING CLAIM FORM



Today's Date://	# o	f pages:	Plan Year: 20
Use this form if you are claiming exp a receipt include: it was not provided parking.	-		eipt. Valid reasons you may not have system was not used; and, metered
Employee Name:		Employer Name/Division Name:	
Employee Address: 🗖 Please check if c	hange of address - you	ı must also make this c	hange with your HR department.
Social Security Number or Member ID Number:	Work Phone: (	)	Home Phone: ( )
*Minimum check reimbursement is \$25; minimum reimbursement for direct deposit is .50			
<ul> <li>Enter the month and year of the date in which the expense was incurred.</li> <li>Enter the dollar amount you are requesting reimbursement.</li> <li>Sign and date the claim form.</li> </ul>			
	xpense Incurred	Parking Amoun	
1.			
2.			
3.			
4.			
5.			
Employee Certification  I hereby request reimburser  I hereby certify that all infor  I have not claimed any of the  I hereby certify that the un-r  I understand that the claim	mation l provided e above expenses eceipted claim am	is correct and true. in any other plan or ounts are valid reas pped at the IRS limi	·

Revised 4/1/2016

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#### **Claim Submission Guidelines**

- Please number each receipt according to its order of appearance on this form.
- IRS guidelines do <u>not</u> consider cancelled checks as valid documentation.
- Previous balances are <u>not</u> acceptable.
- All reimbursements will be made payable to the employee.

Send completed claims via fax or mail to P&A Group.

FAX: Toll-free (877) 855-7105 or (716) 855-7105

Mail: Flex Department

17 Court Street, Suite 500 Buffalo, NY 14202-3204

## **P&A Group Customer Service Information**

Customer service representatives are available Monday - Friday, 8:30 AM - 10:00 PM ET.

WEBSITE: www.padmin.com TOLL-FREE: (800) 688-2611

### **Electronic Claim Submission!**

Upload and submit your claims directly to the P&A website from your mobile device or computer. Log into your P&A account for more information.

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