



P. O. Box 4346
Missoula, MT 59806

PARKING EXPENSE REIMBURSEMENT REQUEST

To send scanned claims, or for additional forms, go to:

www.allegianceflexadvantage.com

FAX: 406-523-3149 or toll-free 877-424-3539 PHONE: toll-free 877-424-3570

Please print legibly in black or blue ink.

Employer Name: _____	Total # of Pages Submitted: _____
Employee Name: _____	Attention: _____
Participant ID: _____ (Social Security Number or, if assigned, Allegiance ID)	Comments: _____

You may check the status of your claim, within 48 hours, by logging in to your account at www.allegianceflexadvantage.com. If you have not received reimbursement within two weeks, please contact an Allegiance representative at 877-424-3570.

If you would like future payments directly deposited into your bank account, include a voided check with this form or sign up on the Allegiance website.

<u>Qualified Parking</u>	<u>For the Month of</u>	<u>Amount Paid</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

YOU MUST SUBMIT INDEPENDENT, 3RD-PARTY DOCUMENTATION OF YOUR EXPENSES WITH THIS CLAIM FORM (receipt showing service dates and fees paid). IF THE REQUIRED DOCUMENTATION IS NOT ATTACHED, YOUR REIMBURSEMENT MAY BE DELAYED.

I certify that the dates and services are true and that the claimed expenses have been incurred in connection with work-related parking.

Signature (required): _____ Date: _____

Check here if your address has changed. New address: _____
***Please inform your employer if your address has changed.