

PARKING EXPENSE REIMBURSEMENT REQUEST



Please print legibly in black or blue ink.

EMPLOYER NAME:	TOTAL NUMBER OF PAGES SUBMITTED:
EMPLOYEE NAME:	ATTENTION:
PARTICIPANT ID: (Social Security Number or, if assigned, Allegiance ID)	COMMENTS:

Faxed and mailed claims may take longer to process than electronic claims and will not appear in your account until reimbursement occurs. For quick and easy processing, please login online to submit your claim. 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.

QUALIFIED PARKING	FOR THE MONTH OF	AMOUNT PAID
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

You must submit independent, third-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.*