

## Parking and Transportation Claim Form

Use this form to submit your claims for reimbursement for eligible parking and transportation expenses.

- Complete all entries on this submission form. Please print or type.
- Sign and date this form.
- Fax or mail it, along with the required documentation, to the claims department. (See submission instructions below.)

Personal Information			
Name of Employer:			
Employee Name: (last name, first name)		Last 4 Digits of Social Security Number:	
Documentation Required			
You must submit documentation with this form. Documentation must include your name, description of service, date of service and amount charged. Cancelled checks, credit card receipts or balance forward statements are not acceptable.			
Claim Details			
Date of Service	Name of Service Provider	Description of Service	Amount Requested
Total			\$
Authorization and Certification			
<b>Read carefully: This claim will not be processed without your signature.</b>			
I certify that these expenses have been incurred by me on the dates entered above for the purposes of commuting to and from work at the Employer identified above. The expenses have not been reimbursed and are not reimbursable under any other plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's income tax return.			
_____		_____	
Signature		Date	
Submission Instructions			
For fastest results, fax to: (443) 681-4602		Or mail to: <b>Claims Department</b> P.O. Box 622317 Orlando, FL 32862-2317	