



PARKING EXPENSE REIMBURSEMENT REQUEST FORM

Last Name, First Name, MI (Please Print)

Employer

Social Security or Employee ID

Mailing Address

City, State, ZIP

☐ Check if NEW ADDRESS

Home Address (if different)

City, State, ZIP

Claim Information

You must submit independent, 3rd-party documentation of your expenses with this claim form (receipt showing service dates & fees paid).

Qualified Parking Vendor	For the Month of	Claim Amount
TOTAL		

☐ Check if you have tried to obtain a receipt but the service provider does not supply receipts.

Reimbursement Guidelines

1. The reimbursement request expense must be an IRS eligible expense and incurred during the Plan Year.
2. The reimbursement request must not have been previously reimbursed nor are you seeking reimbursement from any other source.
3. You must attach a copy of your receipt showing an eligible expense under your Commuter Benefit plan.
4. Information provided must include the following:
 - Name of Parking Facility
 - Date of purchase
 - Dollar amount of purchase
5. Generally, reimbursement requests will not be considered for reimbursement later than 180 days from the end of the month the services occurred. For specific guidance, please contact Surency.

I hereby certify that the dates and services are true and that the claimed expenses have been incurred in connection with work-related parking. I request reimbursement for my Commuter Benefit plan expenses as itemized above. Attached are receipts that provide: date of purchase, vendor name, and fee charged. These expenses are not eligible for reimbursement from any other source. I understand that these expenses must qualify for reimbursement under the Internal Revenue Code and that they cannot be claimed as credits or expenses on my personal income tax return. I have retained copies of receipts and documentation attached with this request. I understand that materials submitted will not be returned to me.

Employee Signature

Date

**Return completed form back to Surency at email: flex@surency.com - fax: 316-272-4841
or mail: P.O. Box 789773, Wichita, KS 67278-9773
866-818-8805 • Surency.com**