



# PARKING REIMBURSEMENT CLAIM FORM

Please type or print all information

EMPLOYER NAME: (required for processing) \_\_\_\_\_

Social Security Number: (for security purposes, please provide at least the last 4 digits of your SSN)

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Employee Last Name:

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Employee First Name:

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Employee Email Address:

Phone:

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Month and Year of Expense: \_\_\_\_\_

(please submit a separate Parking Reimbursement claim form for each month you are requesting reimbursement.)

Amount Claimed: \$ \_\_\_\_\_ (maximum allowed \$270/month for 2020)

Check this box to indicate the amount claimed is for business expense and not personal

### ATTACH ITEMIZED BILLS, RECEIPTS, OR INVOICES FOR ALL EXPENSES

\_\_\_\_\_ Initial here if you have not attached a receipt because one is not provided by your parking facility in its ordinary course of business (i.e. metered parking, unattended daily lots, etc.)

Unless you initial the line in the claim box above attesting that a receipt is not provided by your parking facility in its normal course of business, you must include a receipt, statement or invoice which shows the amount of the expense and the date incurred.

**Cancelled checks may not be used as documentation.**

- Claims totaling \$25 or more will be processed for reimbursement weekly, on Wednesdays and must be received no later than the end of day Friday prior to be included.
- Please avoid using highlighter on any faxes, as documentation becomes illegible.
- **Fax:** 330-572-8125; **Email:** [admin@basicneo.com](mailto:admin@basicneo.com); **Mail:** PO Box 6218, Monona, WI 53716
- For questions, please call **800-775-FLEX (3539) ext 1**

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during the period while the undersigned was covered under the Company's Plan; and that the medical expenses have not been reimbursed or are not reimbursable under any other health coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim, and that unless an expense for which reimbursement is claimed is a proper expense under the plan, the undersigned may be liable for payment of all related taxes which relate to such expense.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_