

HOW TO REQUEST REIMBURSEMENT FROM YOUR COMMUTER SPENDING ACCOUNT

This form is to be used only to request reimbursement for parking expenses. The Internal Revenue Service periodically changes the amount you can contribute to your parking account. Please visit **myspendingaccount.adp.com** for the most up-to-date information. The parking account will cover only work-related expenses that you incur personally as an employee. This account includes parking expenses for any type of vehicle, either near your workplace or at a location from which you commute to work via mass transit or vanpool. Currently, your monthly before-tax contribution to your parking account cannot exceed the maximum amount imposed by the IRS.

Step 1: Fill out the form

- Please print in capital letters, with your letters centered in the boxes provided and fill in all ovals as shown:

A	B	C	D		1	2	3	4
---	---	---	---	--	---	---	---	---

☒ YES ☐ NO

- **For Section 2: Complete a separate line for each individual expense. Do not lump expenses together.**

- Complete all sections of the form. Sign and date the bottom of the form.

Step 2: Attach supporting documentation

- Copy your receipts or other supporting documentation onto a white, letter-sized sheet of paper. Place your receipts so they all face the same direction and write your Social Security Number or employee ID at the top of the page.

Step 3: Submit your form (Faxing is faster)

- By Fax: Send the form and copied receipts together as one fax. Do not include a fax cover sheet.
- By Mail: Place the form and the supporting documentation into an envelope, apply the correct postage, and mail.
- If you provide your e-mail address, ADP will e-mail you confirmation that your form was received.
- Keep a copy of your completed form and receipts for your records.

Step 4: Receive your reimbursement (Direct Deposit is faster)

- By using Direct Deposit or Electronic Funds Transfer (EFT), you'll receive your reimbursement funds up to five days faster than by check. To sign up, log in to your account at **myspendingaccount.adp.com** and select "Direct Deposit" from the left-side menu.

Type of Supporting Documentation:

You must include supporting documentation for your parking expenses with your claim, such as an itemized receipt from your parking provider.

Documentation must include:

- Date of service or purchase
- Type of service
- Amount (your portion of payment)

Please Do NOT:

- Use red ink
- Use a photocopy of the form
- Highlight receipts or any part of the form
- Staple your copied receipts to the form
- Write outside the boxes provided
- If faxing, fax the same form more than once
- Mail the same form that you have faxed
- Include this instruction sheet with your fax
- Submit expenses for multiple plan years on the same form



REIMBURSEMENT FORM - PARKING EXPENSES
Use only CAPITAL LETTERS and completely fill in ovals.
FAX TO: 1-866-643-2219 TOLL FREE

TCTRTAT

SECTION 1: YOUR INFORMATION

SOCIAL SECURITY NUMBER OR EMPLOYEE ID (NO DASHES)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

COMPANY NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EMPLOYEE LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EMPLOYEE HOME ZIP CODE

--	--	--	--	--	--	--	--	--	--

FOR ADP ONLY

--	--	--	--	--	--	--	--	--	--

EMPLOYEE EMAIL

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DAYTIME PHONE # (AREA CODE FIRST, NO DASHES)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION 2: YOUR PARKING EXPENSES

EXPENSE 1

START DATE OF SERVICE (MMDDYY)

--	--	--	--	--	--	--	--	--	--

COVERAGE TYPE (SELECT ONE)

☐ PARKING

REQUESTED AMOUNT (DOLLARS . CENTS)

\$.		
----	--	--	--	--	---	--	--

END DATE OF SERVICE (MMDDYY)

--	--	--	--	--	--	--	--	--	--

RECEIPT ATTACHED?

☐ YES

☐ NO

Provider's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPENSE 2

START DATE OF SERVICE (MMDDYY)

--	--	--	--	--	--	--	--	--	--

COVERAGE TYPE (SELECT ONE)

☐ PARKING

REQUESTED AMOUNT (DOLLARS . CENTS)

\$.		
----	--	--	--	--	---	--	--

END DATE OF SERVICE (MMDDYY)

--	--	--	--	--	--	--	--	--	--

RECEIPT ATTACHED?

☐ YES

☐ NO

Provider's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPENSE 3

START DATE OF SERVICE (MMDDYY)

--	--	--	--	--	--	--	--	--	--

COVERAGE TYPE (SELECT ONE)

☐ PARKING

REQUESTED AMOUNT (DOLLARS . CENTS)

\$.		
----	--	--	--	--	---	--	--

END DATE OF SERVICE (MMDDYY)

--	--	--	--	--	--	--	--	--	--

RECEIPT ATTACHED?

☐ YES

☐ NO

Provider's Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SECTION 3: CERTIFICATION Please read Certification Statement thoroughly before signing.

I hereby certify that:

- I have read and understand the instructions on page one.
- The information contained within this form is correct.
- I have not received reimbursement previously for these expenses from my Commuter Spending Account or any other plan and will not seek reimbursement by any other plan.

I understand that:

- Reimbursement is not a guarantee that this payment is tax free.
- Parking expenses reimbursed through this account cannot be used as a deduction on my personal income tax return.

I hereby authorize release of payment through my Commuter Spending Account.

I hereby authorize ADP or its representatives to obtain necessary information from all parking providers and all other agencies or organizations to consider the claim for reimbursement under my Commuter Spending Account.

FAX: 1-866-643-2219 Toll Free

MAIL: ADP Commuter Administration
PO Box 34700
Louisville, KY 40232

PHONE: 1-888-557-3156

Employee Signature _____ Date _____

USE AN ORIGINAL FORM (NOT A PHOTOCOPY)

TCTRTAT