

**THE BLADE
QUALIFIED PARKING SPENDING ACCOUNT**

Instructions: Complete this form to request a reimbursement for qualified parking expenses, from a qualified parking spending account. Sign and date the form, retain a copy for your records and forward to the Payroll Department.

REIMBURSEMENT CLAIM	
PLEASE PRINT OR TYPE	
Employee Name:	Department:
Employee Daytime Telephone Number:	
Total Amount Submitted:	
Beginning Date of Parking (MM/DD/YYYY):	
Ending Date of Parking (MM/DD/YYYY):	
ATTACH RECEIPT(S) TO THIS FORM SHOWING DATES AND AMOUNT PAID FOR PARKING.	
I certify that: 1. The parking fee for which I request reimbursement was incurred by me while in work status. 2. I have not and will not claim these expenses as an income tax deduction on my income tax return. 3. The expenses have not previously been reimbursed through The Blade (via travel voucher).	
Employee's Signature:	
Date:	

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