

Parking Flexible Spending Account Reimbursement Claim Form

Instructions

Please complete all sections below. Return the completed Reimbursement Claim Form with applicable receipts to the fax number or address below. This form must be signed and dated in order to be processed and approved. **Important: Keep a copy of this form and receipts for your records.**

Participant Information			
Employer Name			
Participant's First Name	Participant's Last Name	Social Sec	urity Number
Email Address		Phone Number	
Claim Information			
Date(s) of Service	Provider of Service		Amount Requested
		Total Reimbursement Requested	
under this plan or from any oth	imbursement account for the expenses itemized ab her source for these expenses. I further certify that I I second page of this form. I understand that reimbu	nave met all of the requirements for e	eligible transportation
Signature		Date	

ADDITIONAL INFORMATION REGARDING REIMBURSEMENTS

TRANSPORTATION ELIGIBLE EXPENSE INFORMATION

In general, an employee may be reimbursed for a Transportation expense that substantiates the requirements. "If information is submitted to the payor sufficient to enable the payor to identify the specific nature of each expense and to conclude that the expense is attributable to the payor's business activities. Therefore, each of the elements of an expenditure or use must be substantiated to the payor..." You can satisfy these requirements by submitting a completed claim form with a bill or receipt from the parking facility stating the amount and the period covered.

The Transportation Reimbursement Plan uses the IRS general reimbursement substantiation rules as stated in IRS 1.61-2(e)(3). Under these regulations, the substantiation requirements are met "if information is submitted to the payor sufficient to enable the payor to identify the specific nature of each expense and to conclude that the expense is attributable or use must be substantiated to the payor......."

The reimbursement for qualified parking expenses incurred in any one calendar month cannot exceed the maximum indexed amount. If you submit a claim (or claims) for more than the indexed amount for a month, the reimbursement for the claim (or claims) will not exceed the maximum indexed amount.

Required Supporting Documentation

The following supporting documentation must be attached to this form:

Bill, invoice, or other documentation that clearly states:

- Name of the person receiving the service
- Amount charged
- Proof of purchase
- Name of provider
- Date(s) of service

NOTE: DIRECT DEPOSIT IS THE QUICKEST WAY TO RECEIVE YOUR REIMBURSEMENT

Reimbursements will be faster if you have signed up for direct deposit. To request direct deposit, simply log into your account at sentinelgroup.com and add your banking information to your profile.

Claims faxed in good order by 5:00 PM ET on Wednesday will be processed by Friday. (Holidays may impact this schedule).