

**QUALIFIED TRANSPORTATION REIMBURSEMENT ACCOUNT  
AFFIDAVIT FOR PARKING EXPENSES WITHOUT RECEIPT**

*Please Print and attach to completed claim form*

Employee: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

**Certification**

I certify that I have incurred parking expenses listed below for transportation to and/or from my workplace. The location that I purchase my pass and/or tickets does not provide receipts in its ordinary course of business.

List Location(s) not providing receipt(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount Claimed:** \$ \_\_\_\_\_

**Date(s) for which I am requesting reimbursement:** \_\_\_\_\_

My signature below certifies that the amount claimed above for reimbursement is accurate and true. I also understand that any incorrect or false information may result in the loss of the benefits provided under the Qualified Transportation Benefit Plan. I agree to notify the Spending Account Service Center if I change my arrangements to one that issues receipts.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date