

# YOUR spending ACCOUNT™

# PARKING CLAIM FORM

PO Box 64012  
The Woodlands, TX 77387-4012  
Fax: 1-888-211-9900

LAST NAME	FIRST NAME	M.I.
<input type="text"/>	<input type="text"/>	<input type="text"/>
ADDRESS	EMPLOYEE ID	
<input type="text"/>	<input type="text"/>	
CITY	STATE	ZIP CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>

## CLAIM DESCRIPTION 1

DATE OF SERVICE (MM/DD/CCYY)	SERVICE PROVIDER
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
REQUESTED AMOUNT	
\$ <input type="text"/> . <input type="text"/>	

## CLAIM DESCRIPTION 2

DATE OF SERVICE (MM/DD/CCYY)	SERVICE PROVIDER
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
REQUESTED AMOUNT	
\$ <input type="text"/> . <input type="text"/>	

## EMPLOYEE CERTIFICATION (REQUIRED)

By adding my signature below, I certify that the information I'm providing is correct and are for eligible expenses for which I'm requesting reimbursement, or for which I'm validating:

- Were incurred for services for me under the plan;
- Were for services furnished on or after the date my spending account takes effect;
- Haven't been reimbursed in any other way or from any other source and won't be submitted for future reimbursement; and
- Don't include any amounts that are otherwise payable by plans for which I am eligible.

Employee Signature

Date

<input type="text"/>	<input type="text"/>
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## PARKING CLAIM INSTRUCTIONS

To have your claim approved, you must sign the enclosed form and fax or mail your claim to Your Spending Account. Once your information is received, Your Spending Account will typically process your claim within ten days.

### **Sending Your Claim to Your Spending Account**

Send this form to Your Spending Account by fax or mail. If faxing, be sure to not include a cover letter.

**Fax:** 1-888-211-9900

**Mail:** PO Box 64012

The Woodlands,

TX 77387-4012