



Please visit www.abpmtpa.com for additional forms.

PARKING CLAIM FORM

(USE THIS FORM TO SUBMIT CLAIMS BY FAX OR MAIL)

FAX: 406-523-3149 or **TOLL FREE FAX:** 877-424-3539

PHONE: 406-721-2222 or **TOLL FREE PHONE:** 877-424-3570

Return FAX # _____
Return Phone # _____

PAGES: _____ including this cover sheet

PARKING EXPENSE REIMBURSEMENT REQUEST

Please use black or dark blue ink. Do not use highlighter or gel pens. Do not include Mass-Transportation expenses on this form.

Company: _____

Employee Name: _____ SSN: _____

List eligible parking expenses provided to an employee at or near the business premises of the employer. It can also be parking provided at or near a location from which the employee commutes to work by van-pooling in a commuter highway vehicle or by carpool.

Qualified Parking:	FOR THE MONTH OF	Fees Charged
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

YOU MUST SUBMIT INDEPENDENT, 3RD-PARTY DOCUMENTATION OF YOUR EXPENSES WITH THIS CLAIM FORM. (i.e. A receipt showing service dates and fees charged.)

THE MAXIMUM LIMIT PER MONTH FOR QUALIFIED PARKING IS \$195.00.

I CERTIFY that the services described on this voucher have been incurred in connection with work-related parking. The dates and fees are true representations:

Employee Signature: _____ Date: _____

Check here if your address has changed. Please list below.

New Address: _____

