Parking Reimbursement Request Form

Complete the information below for Qualified Parking Expenses incurred or paid by you. (For information as to what Qualified Parking Expenses can and cannot be reimbursed, see your Summary Plan Description.) If available, you can include appropriate documentation such as a copy of paid parking receipts as proof of your eligible parking expenses.

NOTE: You may only use this form to request reimbursement for qualified parking expenses. You must use your PNC BeneFit Plus debit card or voucher or similar employer provided item which may be exchanged for a transit pass for all transit related transportation expenses. **You must submit claims for reimbursement within 180 days after you incur a Parking Expense.**

Step 1: Employee Information

*Required Fields

*Employee Name (First, MI, Last)

*Last 4 of SSN

*Birth Date (MM/DD/YYYY)

*Day Telephone

*Email Address

*Mailing Address

*City

*State

*Zip

Step 2: Parking Reimbursement Information

*Month of Parking Expense[1] (MM/YY)	*Name of Parking Provider	Amount to be Reimbursed	Receipt Attached
		$	Yes ☐ No ☐
		$	Yes ☐ No ☐
		$	Yes ☐ No ☐
		$	Yes ☐ No ☐
		$	Yes ☐ No ☐
		$	Yes ☐ No ☐
	Total amount requested	$	

[1] The date range cannot exceed one calendar month. Please enter each month on a separate line.

Step 3: Employee Certification

To the best of my knowledge and belief, my statements in this Form are complete and true. I certify all of the following. I used the Parking Transportation Benefit for which I am requesting reimbursement above only for purposes of commuting to and from work at my place of employment. I have received the services described above on the dates indicated, and the expenses are my out-of-pocket expenses that qualify as valid Parking Transportation Expenses under the Plan. I have not been reimbursed previously for these expenses under the Plan. These expenses have not been reimbursed or are not reimbursable under any other plan. I understand that the expenses reimbursed may not be used to claim any federal income tax deduction or credit or to claim reimbursement under another plan. I authorize a deduction in my Parking Transportation Account in the amount of the reimbursement.

*Employee Signature

*Date

Return the completed form to: PNC BeneFit Plus Consumer Services, P.O. Box 2865, Fargo, ND 58108-2865. You may also fax (855) 628-5950. Please call Consumer Services at (844) 356-9993 with questions (M-F 8 a.m – 8 p.m. ET).