



# Parking/Vanpool Reimbursement Request Form



Complete the information below for expenses incurred by you for which you request payment. **If the form is incomplete it will be returned to you and your reimbursement will be delayed.** Print (or type) the information requested, then date and sign the form. Keep a copy of all documentation for your records. Upload completed form with our Mobile App, or return to:

121 Benefits  
730 2<sup>nd</sup> Ave. S., Ste 400  
730 Building  
Minneapolis, MN 55402

Benefit Year: 2019

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please verify that the mailing address above is current with Hennepin County.  
**Address changes cannot be accepted via reimbursement forms.**

### Unreimbursed Parking Expense

	Date Expense Incurred OR Period Covered from (MM/DD/YY) to (MM/DD/YY)*	Expense Description	Name of Service Provider	Amount Incurred OR Paid
1				\$
2				\$
3				\$
<b>Note:</b> Attach itemized receipt (if available) or note "Receipt not available" in Expense Description above. If additional space is needed, please attach a separate sheet of paper.			Total Unreimbursed Parking Expense Claim	\$

\*Reimbursements **must be submitted within 180 days of the date on which the expense was incurred or paid.**

### Unreimbursed Van Pool Expense

	Date Expense Incurred OR Period Covered from (MM/DD/YY) to (MM/DD/YY)*	Van Pool Driver Name, and Signature OR a Signed Receipt From Van Pool Driver are Required With Each Submission	Amount Incurred OR Paid	
4		Driver Name & Signature: _____	\$	
5		Driver Name & Signature: _____	\$	
6		Driver Name & Signature: _____	\$	
<b>Note:</b> If same van pool driver for each claim listed above, signature is required only once.			Total Unreimbursed Parking Expense Claim	\$

\*Reimbursements **must be submitted within 180 days of the date on which the expense was incurred or paid.**

**Please Read Carefully**

The undersigned participant in the plan certifies that all expenses, for which reimbursement of payment is claimed by submission of this form, were incurred during a period while the undersigned was covered under your employer's Parking/Van Pool Plan. The undersigned fully understands that he/she alone is responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned and that, unless an expense for which payment of reimbursement is claimed is a proper expense under the plan, the undersigned may be liable for payment of all related federal, state, or city income tax on amounts paid from the plan which relate to such expense.

Employee Please Sign Here	Date
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