

**PARKING  
REIMBURSEMENT REQUEST**

EMPLOYEE INFORMATION	
<b>Employee Name:</b>	<b>Last 4 Digits of SSN:</b>
<b>Employer:</b>	

PLAN PARAMETERS
<b>Maximum Reimbursement: \$280 per month</b>

QUALIFIED EXPENSES				
Start Date	End Date	Receipt (Y/N)	Parking Provider	Amount of Expense

<b>Submit Claims To:</b>	<b>Group Dynamic, Inc.</b> <b>Address:</b> 411 US Route One, Falmouth, ME 04105 <b>Email:</b> claims@gdynamic.com <b>Fax:</b> 207-518-5200
--------------------------	--

*I request reimbursement for my qualified parking expenses as itemized above. I certify that I incurred these expenses as an employee of the employer named above and that these expenses are not eligible for reimbursement from any other source. I understand that these expenses must qualify for reimbursement under the Internal Revenue Code and cannot be claimed as credits or deductions on my personal income tax. I have retained copies of the receipts and documentation enclosed with this request. I understand that materials submitted will not be returned to me.*

<b>SIGNATURE:</b>	<b>DATE:</b>
-------------------	--------------

**If you are submitting a request with NO receipts, a second signature is required below:**  
Expense Certification: I hereby certify that for each expense listed above for which I have not attached documentation verifying the expense, that a receipt or statement was not available as part of the normal business transaction from the provider listed above.

<b>SIGNATURE:</b>	<b>DATE:</b>
-------------------	--------------

*Reimbursement requests received before 12 Noon (ET) on Tuesday will be processed that week.  
Requests received after 12 Noon (ET) on Tuesday will be processed the following week.*

**Phone:** 800-626-3539      **Website:** www.gdynamic.com