

State of Michigan
Civil Service Commission
EMPLOYEE BENEFITS DIVISION
400 South Pine Street, P.O. Box 30002
Lansing, Michigan 48909

QUALIFIED PARKING SPENDING ACCOUNT

Instructions: Complete this form to request a reimbursement for qualified parking expenses, from a qualified parking spending account. Sign and date the form, retain a copy for your records, and mail the completed form to the address above. A portion of this information is protected by federal privacy laws and/or state confidentiality requirements.

REIMBURSEMENT CLAIM	
PLEASE PRINT OR TYPE	
Employee ID Number	Name
Employee Daytime Telephone Number Ext.	Total Amount Submitted
Beginning Date of Parking (MM/DD/YYYY)	Ending Date of Parking (MM/DD/YYYY)
ATTACH RECEIPT(S) TO THIS FORM, IF AVAILABLE, SHOWING DATES AND AMOUNT PAID FOR PARKING.	
I certify that:	
<ol style="list-style-type: none">1. The parking fee for which I request reimbursement was incurred by me while in work status.2. I have not and will not claim these expenses as an income tax deduction on my income tax return.3. These expenses have not previously been reimbursed through the State of Michigan (via Travel Voucher).	
Employee's Signature	Date

QUESTIONS: 1-800-505-5011 or 1-517-373-7977

FAX: 1-517-373-3174