

**Request for  
Parking TRP Benefit  
Reimbursement  
Multnomah County**



PO Box 2797 ♦ Portland, OR 97208-2797  
Phone (541) 485-7488 ♦ (800) 422-7038  
FAX (866) 446-6090  
PacificSource.com/PSA

Reimbursement can also be requested electronically through the secure online portal MyFlex at [PacificSource.com/PSA](http://PacificSource.com/PSA).

**EMPLOYEE INFORMATION**

**Multnomah County** **MC**  
Employer 9 digit Member ID

Employee Last Name First Name Middle Initial

Employee Mailing Address (Street) (Apt. #) (City) (State) (ZIP)

Home Phone Work Phone

Please check if address above is new

**PARKING REIMBURSEMENT REQUEST**

Total Amount	Period of Service	
\$ _____	From _____	To _____
\$ _____	From _____	To _____
\$ _____	From _____	To _____
\$ _____	From _____	To _____
\$ _____	From _____	To _____
\$ _____	From _____	To _____
\$ _____	From _____	To _____

**Total Amount Requested**      \$ \_\_\_\_\_

*Please provide copies of documentation of expenses, such as cancelled checks, billings, parking stubs, etc. See reverse of this form for other important information. Do not send original documentation.*

**AUTHORIZATION**

To the best of my knowledge, my statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses and only for myself. I certify these expenses have not been nor are they expected to be, reimbursed by any other entity, and will not be claimed as an income tax deduction. I have read and understand the information on the reverse of this form.

\_\_\_\_\_  
Employee Signature (required)

\_\_\_\_\_  
Date

**Total number of pages faxed: \_\_\_\_\_**

## **IMPORTANT INFORMATION REGARDING REIMBURSEMENT FROM YOUR PARKING BENEFIT**

Please read before submitting your request.

- **Please complete all information on the Request Form.** If you have questions or need assistance, you are welcome to contact us by phone at (541) 485-7488 or (800) 422-7038.
- Please remember that the period of service must be indicated on the Request Form. This is the time frame that the Parking is for (e.g. June 1 - June 30, or the week of May 1-7), **not** the date it was purchased.
- There is an IRS monthly maximum amount allowed for reimbursement of \$255. Reimbursement for expenses incurred for any one month cannot exceed this maximum.
- Reimbursement is limited to the balance available in your Parking account.
- Reimbursement requests must demonstrate expenses on a specific period basis, as this account reimburses up to monthly amounts not in excess of the \$255 maximum.
- Copies of documentation of expenses, such as cancelled checks, billings, parking stubs, etc., must be submitted along with this form.
- Please retain originals of the bills/forms submitted for your personal tax records. We store documents electronically and destroy the originals after processing; therefore, originals will not be returned to you. Incomplete Reimbursement Request Forms, or those received without proper documentation attached, cannot be processed—if this happens, you will receive a letter of explanation.

MC Request for Reimbursement from Parking Benefit 032017