

Transit Qualified Parking Salary Reduction

**QUALIFIED PARKING REIMBURSEMENT FORM
& Pennsylvania Transit Reimbursement**

DIRECTIONS to request reimbursement

1. Complete the request form below, please print clearly.
2. Attach your parking receipt(s) to this form.
3. Send your form and receipt(s) to Accounts Payable at ALA, Chicago, IL 60601.

Reimbursements received by the 30th will be issued by the 15th of the following month.

Reimbursements will be done for up to 90 days prior to date of request, any amounts prior to that are forfeit.

EMPLOYEE INFORMATION

NAME _____ (print) _____ Location _____

For the Month of _____

Date	Amount Paid	Reimbursement Request
Reimbursement Request Total		

Signature _____ Date _____

** Reimbursements will be done for up to 90 days prior to date of request, any amounts prior to that are forfeit.