TRANSPORTATION BENEFITS PERSONAL RECEIPT - The 125Company, Inc.

Printed Name: _____ **Date Submitted:** / / **Plan Year:** _____

This form may be used only by employees who are not offered a receipt for daily parking or use their SmartTrip card to pay for parking at a Metro station. Each day of parking must have a separate entry and signature certifying that expenses were incurred on the listed date, location, and for the listed amount. Please attach this completed form to the parking reimbursement plan claim form and submit together.

DAILY PARKING
Please Print or Type

DATE OF SERVICE	PROVIDER NAME	LOCATION	AMOUNT	SIGNATURE AND CERTIFICATION*

TOTAL AMOUNT REPORTED: $_____

*By signing each entry, you are certifying that you parked on the corresponding date, for the stated amount, for the purpose of commuting to and from work. You also certify that expenses shown above have not already been reimbursed under this plan or by any other source, and that they will not be reimbursed by any other source.

If a ticket stub is provided by the parking lot/garage, please submit with this form. Indicate the date and cost of parking on the stub.