Parking/Mass Transit Reimbursement Form

This form is not for Peak1 Debit Card Claims.

Instructions

This form is for reimbursement of any out of pocket expenses where your Peak1 Debit Card was not used. Submit this form with your supporting documentation and fax to 844-560-6756 or email to Peak1_Receipts@allegeus.com.

Section 1

Employee Full Name*:		Last 5-Digits of SSN*:	
Mailing Address	City	State	Zip
Email Address	Employer Name*:		

To the best of my knowledge and belief, my statements in this request for reimbursement are complete and accurate. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year for myself and/or my eligible dependent(s). I certify that these expenses have not previously been reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction. I understand Peak1 Administration, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. If there are any changes in the information provided, I understand I am responsible for notifying Peak1 Administration. By submitting this form I certify the above. I understand that I should retain a copy of all submitted documentation in the event of an IRS audit.

Employee Signature Verification :(_____ **Date** _____

REQUIRED FOR MANUAL REIMBURSEMENT

Section 2

Date of Service	Claimant	Description of Service	Amount of Service
			$
			$
			$
			$
			$
			$
			$
			$
		Total Amount Requested for Reimbursement	$