

**PARKING REIMBURSEMENT CLAIM**  
**EMPLOYEE INFORMATION**

<b>NAME:</b>	Last	First	MI
<b>COMPANY:</b>	EI Paso County	<b>PHONE:</b>	

<b>ADDRESS:</b>		STATE	ZIP CODE
Social Security Number			

DATE OF SERVICE	PARKING FACILITY	\$ AMOUNT
<b>TOTAL:</b>		<b>\$</b>

I certify that the parking expenses and receipts submitted on this voucher for reimbursement were for my automobile to park either close to my business place or for parking space from which I commute by public transit, van or carpool. The parking space is not near my place of residence.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date