



**Interim Claim Form for Off-Campus Parking**  
*12/01/2008-3/31/2009*

<b>Last Name</b>	<b>First Name</b>	<b>Employee ID#</b>	
<b>Phone Number</b>		<b>Department</b>	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

To ensure that we comply with IRS regulations, employees must submit reimbursement request within 180 days of the date you incurred the expense. All claims must be received by the Benefits Office prior to the 10<sup>th</sup> of each month to ensure reimbursement in that month.

Please list below the amount (s) of reimbursement you are requesting/submitting.

Attach *ORIGINAL* receipts for all eligible expenses. By submitting this receipt for claims verification, you are confirming that this is a qualifying expense that has not been reimbursed under another Insurance program.

***Claim Requests***

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<b>Provider Name</b>	<b>Transaction Date</b>	<b>Net Amount</b>
<b>Total</b>		

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Yale University Benefits Office  
155 Whitney, Rm 130  
New Haven, CT 06520  
Phone: (203) 432-5550      Fax: (203) 432-7575