



AFFIDAVIT FOR PARKING EXPENSES

(to submit with a claim form when there is no receipt available)

This form must be accompanied by an EBS claim form.

Employer Name _____

Employee Name _____

Name of Parking Facility _____

Address of Parking Facility (including city & state) _____

This parking facility is (check one) near my place of work near a mass transit facility

The cost I incurred is \$ _____ **(cost of parking)**

For the period beginning (date) _____ **and ending (date)** _____

I declare that the parking facility I utilize, so that I may work, does not provide receipts. I am providing this affidavit in lieu of a receipt from the parking facility. I understand that by signing below, I am attesting that all the information provided is true and correct and I accept any liability (including tax and / or penalties) for incorrect information.

Employee Signature _____ **Date** _____

Phone Number / Email Address _____