



Justice Administrative Commission
Qualified Transportation Benefit Program
Qualified Parking Receipt Form

Mail or Fax Completed Form To:
JAC QTB Plan Administrator
PO Box 1654
Tallahassee, FL 32302
Toll Free Fax: 866-355-7906

Employee Name

Office/Circuit

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To Be Completed by Parking Vendor

Vendor Name _____

Vendor Address _____

Tax ID (or FL Vendor #) _____

Garage/Lot Name _____

Location _____

Payment Coverage Dates

From

To

Amount _____

Vendor Certification

To the best of my knowledge, my statements in this Parking Receipt Form are complete and true. I certify that the amount listed above was paid by the above named employee for his/her own parking expense.

Vendor Signature _____

Date _____

Employee Certification

To the best of my knowledge and belief, my statements in this Parking Receipt Form are complete and true. I certify that I have incurred the expenses described above on the dates indicated, that the expenses qualify as valid expenses under the Plan, and that I have not been reimbursed previously under any other benefit plan, nor do I expect any of these expenses to be reimbursable elsewhere.

Employee Signature _____

Date _____

****This form must be submitted with the accompanying Employee Reimbursement for Parking Form to be considered for reimbursement****