



Harvard University PARKING Reimbursement Request

PLEASE PRINT CLEARLY

CROSBY BENEFIT SYSTEMS

Employee Information Please update your address through the Harvard University PeopleSoft system.	Employee Name _____ <small>Last First MI</small>
	Employer Harvard University Please enter your Harvard ID. If you do not enter your Harvard ID, Crosby will attempt to identify you based on other information but this could delay or prevent processing of your request.
	Harvard ID _____
	Home Address _____ <small>Street City State Zip</small>
	Email Address _____
	Home Phone (_____) _____ Work Phone (_____) _____ <small>area code area code ext.</small>

Expenses <small>*The Date of Service or Expense Date Range is the actual date or dates you parked, which may be different from the day you paid for the service.</small>	Please list all parking expenses eligible for payment from your Parking Reimbursement Account. Please certify the expense by initialing the space next to each amount listed below. Please note: The IRS maximum monthly allowable reimbursement for parking is \$255 <i>per month</i> .			
	*Date of Service or	Expense Date Range	Initial to Certify Expense	Amount Requested
	__/__/__	__/__/__ - __/__/__	_____	\$ _____
	__/__/__	__/__/__ - __/__/__	_____	\$ _____
	__/__/__	__/__/__ - __/__/__	_____	\$ _____
	__/__/__	__/__/__ - __/__/__	_____	\$ _____
	__/__/__	__/__/__ - __/__/__	_____	\$ _____
	__/__/__	__/__/__ - __/__/__	_____	\$ _____
	__/__/__	__/__/__ - __/__/__	_____	\$ _____
	TOTAL EXPENSES \$ _____			

Employee Certification Please SIGN	I agree to hold my employer harmless if the Internal Revenue Service or any other tax agency challenges the nature of the payments made under the program and agree to pay any taxes, interest and penalties that may be assessed concerning such payments. I will reimburse my employer for my portion of any additional taxes that may be owed on my behalf should the Internal Revenue Service or any other tax agency successfully challenge the characterization of the payments under the program. I hereby acknowledge that my employer has made no representations or warranties to me whatsoever that the program will be qualified for tax purposes or that I will receive the tax benefits I am seeking. I agree to abide by all of the terms and conditions of the Program.	
	Employee Signature _____	Date _____



IMPORTANT INFORMATION

Parking Eligible Expenses

1. Expenses are for “qualified parking” as defined in Internal Revenue Code (“Code”) Section 132(f)(5)(C). Under this definition, the parking must be located:
 - on or near employer’s business premises **OR**
 - on or near a location from which employee commutes to work, either by mass transit, commercial commuter highway vehicle, qualifying non-commercial commuter highway vehicle, or car pool.
2. Single occupancy vehicles, such as motorcycles, qualify for parking reimbursement.
3. Expenses for parking on or near employee’s own residence or at *temporary* work locations are NOT eligible for reimbursement.
4. The IRS maximum allowable reimbursement is \$255 per month.

Submission of Reimbursement Requests

Fax (preferred): 978-367-9626, email or mail reimbursement requests to the address below. If your reimbursement request is denied, written notification will be mailed to you or emailed if you have selected electronic communications delivery. You may resubmit expenses with proper documentation, if applicable. The default reimbursement method is via check.

To view your account information online, please go to harvie.harvard.edu. Go To: Choose, Pre-tax Parking Reimbursement Benefit from the dropdown menu.

If you would like to set up Direct Deposit:

- ✓ Log into your account by going to harvie.harvard.edu, choose, Pre-tax Parking Reimbursement Benefit
- ✓ Click “Profile” from the menu at the top of the screen
- ✓ Click “Edit: in the Direct Deposit Information section at the bottom of the page
- ✓ Enter your banking information and click submit

Please Note

Expenses incurred before participation began or after participation has terminated will not be reimbursed.

Reimbursement requests must be submitted within 180 days from the date of service. Expenses are to be submitted to Crosby Benefit Systems, using the Parking Reimbursement Request Form. Please contact Crosby Benefit Systems for more information.

