Hennepin County Parking & Vanpooling Claim Form



Date	Number of pages	Plan Year	E	mployer Division] Phone	
Employee Name				Social Security	Number or Men	nber ID	
Mailing Address				City	Sta	ate	Zip Code

Instructions

- Enter the month and year of the date in which the expense was incurred.
- Enter the dollar amount you are requesting for reimbursement.
- Sign and date the claim form.

Date of Service	Parking Account Amount Requested	Vanpooling Account Amount Requested	Vanpooling Provider	

Minimum check reimbursement is \$25; minium reimbursement for direct deposit is 50 cents.

Employee Certification

- I hereby request reimbursement for the above claim amounts.
- I hereby certify that all information I provided is correct and true.
- I have not claimed any of the above expenses in any other plan or expense report.
- I hereby certify that the un-receipted claim amounts are valid reasons as defined above.
- I understand that the claim amounts will be capped at the IRS limitations and my elected amounts.

Employee Signature	Date	

Claim Submission Guidelines

- Please number each receipt according to its order of appearance on this form.
- IRS guidelines do not consider cancelled checks as valid documentation.
- Previous balances are not acceptable.
- All reimbursements will be made payable to the employee.

Claims Submission Options

- Mobile App to download the app, search "P&A Group" in the App Store or Google Play. Log into the app to upload a claim.
- QuikClaim from Your Smartphone log into your account from your smartphone or mobile device at hennepin.padmin.com to upload a claim.
- Electronic Claim Upload from Your Computer submit claims directly online when you log into your account at hennepin.padmin.com.
- Fax or Mail a Claim Fax: (833) 752-9412 | Mail: 6400 Main Street, Suite 210 Williamsville, NY 14221

P&A Group Customer Service

Hours: Monday - Friday, 7:30 a.m. - 9:00 p.m. CT | Website: hennepin.padmin.com | Phone: Toll-free (833) 752-9413

