



CLAIM FOR REFUND FOR CITY PARKING CARPOOL OR VANPOOL FEES

RETURN FORM TO:
EMPLOYEE BENEFITS DIVISION
COMMUTE OPTIONS AND PARKING SECTION
200 N. SPRING STREET
LOS ANGELES, CA 90012
(213) 978-1655

CITY HALL, ROOM 867, CITY MAIL STOP 621 **Fill in and print out this form.**

PRINT NAME OF CLAIMANT: LAST		FIRST		MIDDLE INITIAL	
MAILING ADDRESS (MUST NOT BE A CITY FACILITY): STREET		CITY		STATE	ZIP CODE
DAYTIME PHONE NUMBER	EMPLOYEE I.D. (REQUIRED)	FEE TYPE (CHECK ONE):			
		PARKING	CARPOOL	VANPOOL:CS#	
STATE THE DETAILS OF THE EVENTS LEADING TO THE FILING OF THIS CLAIM. (INCLUDE DATES AND OTHER PERTINENT INFORMATION. USE SUPPLEMENTARY SHEETS IF NECESSARY)					
I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE					AMOUNT CLAIMED
_____ SIGNATURE OF CLAIMANT					\$ _____ DATE

FOR COMMUTE OPTIONS AND PARKING SECTION USE ONLY		
REMARKS		
<input type="checkbox"/> APPROVED AS REQUESTED <input type="checkbox"/> APPROVED AS MODIFIED <input type="checkbox"/> DISAPPROVED		
_____ SIGNATURE OF COPS ANALYST		DATE
		AMOUNT APPROVED \$ _____

FOR FINANCIAL SERVICES SECTION USE ONLY	
REMARKS	
AMOUNT TO BE REFUNDED \$ _____	
_____ SIGNATURE OF PERSON AUDITING CLAIM DATE	
_____ SIGNATURE OF APPROVING FSS SUPERVISOR DATE	