



P.O. Box 11657 Pleasanton, CA 94588 888 327 2770 fax 925 460 3929

COMMUTER CHOICE BENEFITS: Affidavit for Parking

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

Your Name: _____

Name of Company you work for: _____

Name of Parking Lot: _____

Address of parking lot (including city and state): _____

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

If near a mass transit facility, name of facility: _____

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

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

I declare that the parking facility that I park at, so that I may work, does not provide receipts. I am providing this affidavit in lieu of a receipt from that 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 or penalties) for incorrect information.

Signature: _____ Date: _____

Phone Number or e-mail address for inquiry by EBS: _____

Attach this affidavit to a claim form and send to EBS:

**Fax: 925-460-3929
Mail: EBS, Inc.
P.O. Box 11657
Pleasanton, CA 94588**