# PARKING & TOLL RECEIPT

Expense Reimbursement Claim

**Claim No:** _____

**Date:** _____

**Employee Name**

**Department**

**Employee ID**

**Manager / Approver**

| DATE | TYPE (PARKING/TOLL) | DESCRIPTION / ROUTE / LOCATION | RECEIPT / REF NO. | AMOUNT |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Parking Subtotal:** _____

**Tolls Subtotal:** _____

**Total Claim Amount:** _____

_____

Claimant Signature Date

_____

Authorized Approval Signature Date