Hennepin County Parking & Vanpooling Claim Form



Date	Number of pages	Plan Year	Employer Division	Phone	e
Employee Name			Social Security N	Number or Member ID	
Mailing Address			City	State	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 reimb I hereby certify that all I have not claimed any I hereby certify that the I understand that the c 	information I provide of the above expense un-receipted claim a	d is correct and true. s in any other plan or ex mounts are valid reason		ounts.	
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: 17 Court Street, Suite 500 Buffalo, NY 14202

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

