LIVE REPS
EVENTS

Parking Expense Claim Form

Name _____

Stadium/Arena _____

E-mail Address _____

- Attach receipts to this document to represent each parking expense listed.
- Receipts must be dated and have a dollar amount.
- Event Specialists are required to secure the most economical parking available.
- Your receipt must match the days you have been scheduled to work. Nothing more will be reimbursed.

Certification

I certify that the expense(s) listed have been incurred by me and are for the purpose of parking at the ballpark that I am assigned to during my scheduled shift and qualify for reimbursement as defined by my company's parking program. These expenses have not been previously submitted for reimbursement. I understand that if I have received an overpayment, Live Reps reserves the right to offset future reimbursements equal to the overpayment until the overpayment has been recouped.

Signature _____

Date _____

This form and corresponding receipts are to be sent to:

E-Mail: Dan LaBar at dan.labar@LiveReps.biz

or fax to: 1-800-756-3619

Questions, Call: Jeff Buck 513-535-4015

Please retain a copy of this form and all attachments for your records

Date	Parking Provider	Amount
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		$
		$
	Total	$