



**HRPro**

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## Parking Receipt Form

**Toll Free Fax Number 1-888-9898-FAX**

Please complete and send this form along with receipts to verify your online parking claim submission request.

<b>Employer Name:</b>	
<b>Employee Name (Last, First, MI):</b>	
<b>Last 4 digits of SSN:</b>	XXX-XX-
<b>Daytime Phone Number:</b>	
<b>Email Address</b> <i>(to be used for claim correspondence only)</i>	
<b>Description of Expenses:</b>	

Submit receipt(s) within 10 days of purchase using one of three ways:

1. **MAIL** completed form and all receipts to:  
HRPro Claims  
1025 N. Campbell Road  
Royal Oak, MI 48067
2. **FAX** this form along with receipt(s) to (248) 543-2296 or 1-888-9898-FAX
3. **EMAIL** scanned copies of receipt(s) with above information to [accounts@hrpro.com](mailto:accounts@hrpro.com).